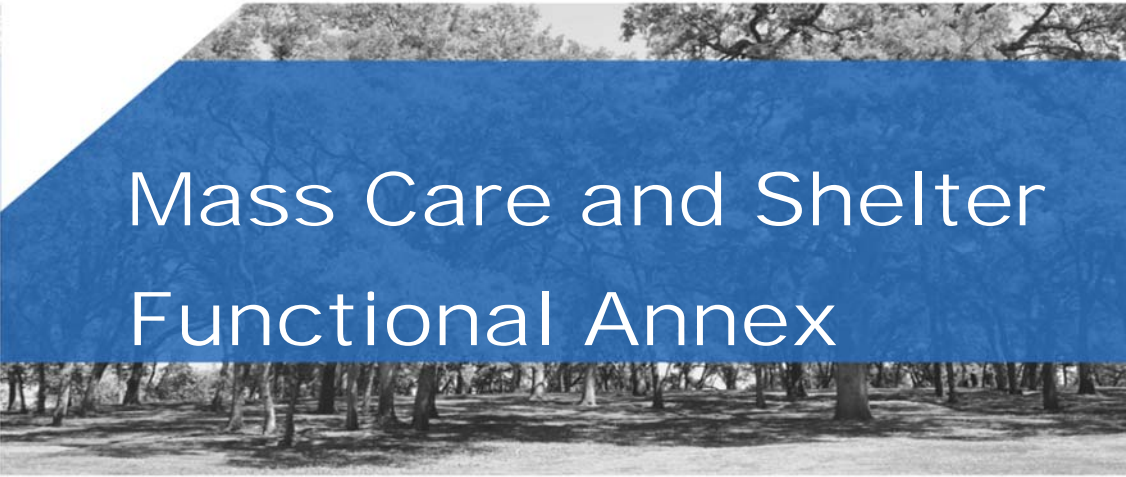


SACRAMENTO COUNTY

OFFICE OF EMERGENCY SERVICES



Mass Care and Shelter Functional Annex



August 2021

HANDLING INSTRUCTIONS

The title of this document is the Sacramento Operational Area Mass Care and Shelter Functional Annex.

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SACRAMENTO OPERATIONAL AREA CARE AND SHELTER ANNEX

1. PURPOSE, SCOPE, SITUATION, ASSUMPTIONS

1.1 Purpose

The Care and Shelter Annex describes planned coordination, stakeholder communication, and prioritization of resources for mass care and emergency assistance services for diverse populations throughout the Sacramento Operational Area (OA) from pre-disaster through recovery. The purpose of the annex is to identify the roles and responsibilities of the organizations and agencies designated to support or provide mass care and emergency assistance services and activities in the Sacramento OA.

Table 1.1 CARE AND SHELTER BRANCH FUNCTIONS AND AGENCIES	
Care and Shelter Branch Coordinates the actions responsible jurisdictions take to meet the needs of survivors displaced during a disaster, for services and activities including food assistance, clothing, non-medical care and sheltering, reunification and survivor recovery <ul style="list-style-type: none"> • Mass care • Emergency assistance • Transition to Temporary Housing and Immediate Recovery • Human Services 	
AGENCY OR ORGANIZATION	PRIMARY OR SUPPORTING
Department of Human Assistance	Primary Agency Branch Function Coordinator- Care and Shelter
Department of Health Services	Supporting Agency
American Red Cross	Supporting Agency

Safety and health of the diverse populations served is the first consideration for mass care. Priority of effort for initial mass care and emergency assistance activities is to meet the immediate mass care needs of disaster survivors. However, these life-sustaining basic services will not replicate pre-disaster living conditions and standards. Emergency plans related to the *Sacramento Operational Area Care and Shelter Annex* are integrated and inclusive to ensure equity for all members of a community.

Equitably addressing the unique needs and cultural considerations of all individuals displaced by disaster is a mass care and emergency assistance operational priority. Addressing the needs of not only those with disabilities- disability integration needs and access and functional needs (DI and AFN), but also those from all the diverse communities within a jurisdiction will require a whole community collaborative effort. Accessibility of all services complies with federal laws governing the Americans with Disabilities Act (ADA) directives and is considered a top priority in services and communications about the services. Federal ADA laws are further supported by recent California legislative guidance addressing DAFN support during disaster response and recovery CA (CA Assembly Bill 477 Emergency Preparedness: vulnerable populations) (https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB477)- now the amended California Code, 8593.3.

Additionally, equitable care and shelter services are provided for all culturally diverse members of the community, per CA “Senate Bill SB-160 Emergency services: cultural competence.” – now the amended California code 8593.3.5. Meeting these legal mandates requires transparently ensuring there is no discrimination in the provision of assistance for the disaster response. Those working in mass care and shelter will respond to the displaced population by providing all services, aids, and benefits with consideration for the specific functional and access needs of all individuals, making every reasonable effort to assure equitable access for all. Additionally, the county requires engaging and integrating people from the spectrum of representative demographics of local jurisdictions in planning efforts and providing quality assurance that unique individual needs are addressed during response activities. Individual needs that must be considered, may include, but are not limited to, cultural considerations informed by race and ethnicity, including indigenous peoples, communities of color, and immigrant and refugee communities; gender, including women; age, including the elderly and youth; sexual and gender minorities; people with disabilities; occupation and income level including low-income individuals and the unhoused; education level; people with no or limited English language proficiency; as well as geographic location.

1.2 Scope

The Care and Shelter Annex will guide the Sacramento County Office of Emergency Services (OES) and the Department of Human Assistance (DHA) as they coordinate supporting departments and agencies, the American Red Cross, and other nongovernmental entities during any disaster that requires OA level mass care and human services support. This annex aligns with the National Incident Management System (NIMS), the Standardized Emergency Management System (SEMS) and the Incident Command System (ICS). This annex integrates input from stakeholders across a spectrum of the whole community including government departments and agencies, non-governmental organizations, faith-based organizations, non-profit organizations, private enterprise, and individuals. That input includes lessons learned and best practices identified by after-action reviews, reports, and other references from a variety of recent events in California and nationally.

The Care and Shelter Annex addresses mass care and emergency assistance provided by any person or organization in the Sacramento OA during a potential, imminent or declared emergency. In addition to addressing the mass care responsibilities of the lead and support agencies, the guidance in this annex identifies procedures for local entities whose mass care and emergency assistance services capability may require OA support. For a complete list of jurisdictions aligned in the Sacramento OA, see Attachment 1 Sacramento Operational Area: Participating Cities with Demographic Factors and Operational Area: Special Districts. This annex supplements the *Sacramento Area Operations Plan* and the *Sacramento Operational Area Emergency Operations Plan*.

Mass care as addressed in this annex includes the seven services or activities listed here.

- Sheltering
- Feeding
- Distribution of emergency supplies
- Reunification services for adults and children
- Emergency assistance to people with disabilities and others with access and functional needs
- Assistance for household pets and service animals
- mass evacuee support for individuals and impacted communities

These services/activities represent the core capability of mass care as defined in the *National Response Framework, 2019* and aligns with the *California Department of Social Services Care and Shelter Annex Executive Summary 2013* definitions for mass care.

The annex also addresses the support considerations for all mass care activities including, establishing the operational area strategy for public messaging of services, providing basic health services, supporting behavioral health needs, providing security and safety at mass care sites, and supporting resource considerations to sustain mass care activity over a longer time frame.

This annex addresses the full scope of coordination required for larger more complex events. It does not address the scope of coordination for catastrophic events. To preserve safety and health of the displaced population during a disaster in a Communicable Disease Outbreak or Pandemic environment, mass care services are adapted with infection intervention protocols based on local, state, and federal guidance.

This annex is scalable and addresses the integration of local, regional, state, and federal agencies and resources into the response. It addresses the transition from temporary emergency shelter to an intermediate or long-term shelter for longer-term, large-scale impact events. This annex does not address transitional housing or permanent rehousing plans., nor does it address non-disaster sheltering for the unhoused.

1.3 Situation Overview

Sacramento county's hazard identification and analysis highlights several emergencies and disasters resulting in a disruption of services that could require a mass care response. These

hazards include but are not limited to floods, earthquakes, and severe weather. Wildfire is also prevalent threat in wildland urban interface areas, as are climate and weather-related events. Finally, Communicable Disease Outbreak or Pandemic and Communicable Disease Outbreak or Pandemic spread have recently reinforced the need to adapt disaster-related mass care and emergency assistance practices to mitigate the risk of Communicable Disease Outbreak or Pandemic spread.

Events that generate the need for mass care may be predicted or no-notice events. The events may have cascading or compounded impacts which damage infrastructure or cause supply chain disruption that adversely affects the ability to effectively provide mass care services. Many hazards may require evacuations and evacuation sheltering. This Annex addresses sheltering for those events. Please refer to the *Sacramento County Evacuation Annex* of the *Sacramento Operational Area EOP* for information on evacuations.

1.4 Assumptions

Potential disasters and events that may require mass care and shelter support in the Sacramento OA include both predicted and no-notice events. Providing effective service and activities at mass care sites is significantly enhanced by an increase in time between notification and required time of activation. With more notice, the likelihood increases dramatically that sites are initiated quickly, adequately resourced, and well-managed.

Other assumptions include.

- Many local jurisdictions rely on volunteer community partners, including nongovernmental organizations (NGOs), faith-based organizations (FBOs) and others to provide all mass care services in their areas of responsibility.
- Events that displace under 100 people and require only a few shelters (two to three) that will be open for only a few days may not require significant coordination or resource support at the OA level.
- Greater damage to residences and infrastructure, combined with more people evacuated for extended timeframes, correlates to a greater need for mass care services.
- In mild weather, displaced people may converge in open areas, like parks and in open spaces and parking lots near established mass care sites. Examples in California may include tent and recreational vehicle (RV) encampments in parking lots or parks.
- People with the fewest pre-disaster resources are the most likely to require mass care support to meet emergency needs.
- Mass care planning factors based on data from past disasters used to develop operational planning assumptions in plan templates hosted on the National Mass Care Strategy assume between 5 and 20 percent of the population at risk may require sheltering at mass care sites. The high end of that assumption reflects a catastrophic scenario with extensive disruption and destruction of infrastructure and dwellings as well as, supply chain disruption.
- Many evacuees will seek shelter with relatives or friends, or check into motels or other

daily rentals, rather than seeking assistance at mass care facilities or sites.

- In situations with significant impacts to infrastructure, healthy and safe sustainment of population in congregate shelters is dependent on a robust resource support plan for sustainment resources and resupply.
- A major disaster requires consideration of strategies and methods for community feeding and the distribution of emergency supplies to meet the needs of residents who choose to remain on their property rather than seeking temporary shelter or relocating to an unaffected area after the disaster.
- Mitigating the risks of Communicable Disease Outbreak or Pandemic in a Communicable Disease Outbreak or Pandemic environment during a disaster adds significant complexity and requires more resources to safely meet mass care needs.

In addition to the structural and environmental impacts of the disaster, mass care needs are informed by the individual characteristics of the population that is impacted. There is a growing body of evidence-based research that supports the disproportionate impacts of disaster on underserved and vulnerable populations. Identifying the locations and potential mass care needs of the concentrations of diverse, underserved and vulnerable populations in the operational area are essential elements of information in developing accurate planning assumptions for mass care services and activities. The *Sacramento County Evacuation Annex* provides an overview of impacted population groups by geographic zone in the OA. In addition to those resources, Sacramento County OES and other local and county agencies maintain a wealth of situational awareness and preparedness resources through their GIS services that assist in both planning for and providing mass care services to all people living in the Sacramento OA. **Appendix 4 Mass Care GIS and Web Based Resources** provides a summary list of available mapping support tools from Sacramento County agencies and other mass care planning resources.

2. CONCEPT OF OPERATIONS

The Care and Shelter Branch of the Sacramento OA EOC coordinates necessary mass care and emergency assistance resources when those resources in local areas of responsibility are not sufficient to meet disaster caused needs. The inability of impacted survivors to safely shelter in place, access food, or obtain necessary emergency supplies triggers the need for provision of mass care service.

Table 1.2 Care and Shelter Branch Services Summary	
Core Capability	<ul style="list-style-type: none"> • Provide life sustaining and human services to the affected population, to include hydration, feeding, sheltering, evacuee support, reunification, and distribution of emergency supplies. • All mass care activities must include and accommodate the needs of diverse community members, including those with disabilities, access and functional needs, those with other unique cultural inclusivity needs and address the needs of household pets and service animals.
End State	<ul style="list-style-type: none"> • Immediate lifesaving and life-sustaining mass care needs are met. • The needs of people seeking shelter are met and the planning for the transition into temporary housing alternatives is initiated and informed by those needs. • Assistance is provided for evacuees, service animals and pets, including reunification and relocation assistance.
Concept of Operations	<ul style="list-style-type: none"> • Move and deliver resources to meet immediate needs for mass care and emergency assistance. • Provide resources and technical assistance to local governments to establish, staff and equip emergency shelters for the affected population. • Support mass evacuation activities, including coordination of support for people with disabilities and others with access and functional needs and unique cultural considerations. • Coordinate emergency assistance. • Support recovery planning efforts for relocation assistance/interim housing solutions for families unable to return to their pre-disaster homes
Information Requirements	<ul style="list-style-type: none"> • Arrival of mass evacuees. • Demographics of affected population to include, but not limited to, children, seniors, people with disabilities and access and functional needs, English as a second language and non-English speakers, the undocumented, the unhoused or people who are precariously housed, the LBGQTI community, people without private transportation or digital access, people with household pet, and others.

	<ul style="list-style-type: none"> • Requests from local government for mass care assistance. • Number of affected residences. • Population estimates residing or present in impact areas. • Impact severity estimates: number of homes that sustained major damage or were destroyed; status of utility, water, power, and sanitation systems.
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2.1 General Concepts for Mass Care

The Care and Shelter Branch will coordinate resources in support of mass care and emergency assistance activities when a local jurisdiction’s resource capability has been exceeded. The coordination provided by the Care and Shelter Branch should reduce duplication of effort and help conserve limited resources. The unified effort at local and county levels will support efficient integration and provision of mass care and emergency assistance services to residents’ whose homes and/or normal living situation are impacted by disaster. Care and Shelter Branch is responsible for developing planning assumptions based on information provided by local jurisdictions that identifies the mass care needs of impacted populations in their area of operation.

2.2 Mass Care Operations

Coordinating resources for mass care activities includes providing the staffing, equipment and supplies required to support displaced populations. When assessing needs and required resources, consider individuals who require access and functional needs support including language or other communication resources or support resources for those who might require disability integration support, infants and toddlers, children, seniors, families and individuals with household pets and diverse populations with unique cultural or faith based dietary or social norms when assessing mass care and emergency assistance needs and resources.

2.3 Mass Care Strategies

Mass care and emergency assistance services are provided immediately before a potential incident, during the immediate response to an incident, and during the beginning of post-disaster recovery effort. Mass care requirements are determined by assessing the impacted populations’ unmet needs for a safe place to stay and their access to basic immediate life sustaining requirements like food, emergency supplies and contact with their family prior to, during or immediately after the disaster. Once needs are assessed, communities can evaluate their options for the mass care strategies and determine the course of action that will best need the displaced populations’ needs. **Appendix B Mass Care Services Strategies** provides a decision support framework to help identify and implement a mass care strategy that inclusively and equitably meets the needs of all impacted survivors.

2.4. Resource Coordination

Information about mass care activity and the resources required to support the activity, and emergent mass care needs may be gathered by functional coordinators at the OA level from cities and special districts, functional liaisons (law enforcement, fire, construction and engineering, flood

control, health/medical, care and shelter, energy, utilities, and potable water), or in the case of small jurisdictions, from a designated liaison who reports on all emergency functions.

A request for support should be initiated through the OA EOC as soon as it becomes apparent that a local jurisdiction may exhaust the care and shelter resources available for needs of disaster impacted displaced population. Care and Shelter Branch Coordinator or designee may initiate this request if it has been confirmed by the primary point of contact in the impacted local jurisdiction(s) and has the financial authority to initiate the request. Please see section 4.6 OA Resource Coordination of the Sacramento County OA Plan for additional information on resources requests. Reasonable attempt to resource mass care services within the OA to a reasonable degree before requesting mutual aid assistance. Mutual aid assistance is requested when the mass care needs of the disaster exceed the capability within the OA, including mutual assistance from participating jurisdictions. Because the effectiveness of the OA is dependent upon the cooperation of all affiliated jurisdictions, the Care and Shelter Branch must facilitate cooperation between participating jurisdictions to fully integrate OA capability into the provision of mass care services and emergency assistance.

The OA EOC Logistics section handles requests for resources not available within functional areas. As an example, if the OA Care and Shelter Coordinator had received a request for shelter security from an OA jurisdiction, the coordinator would direct the request to the logistics section rather than to the regional Care & Shelter coordinator because security services are not a typical Care and Shelter resource. The Logistics Chief, who also functions as the Logistics Coordinator for the OA, would coordinate with Sheriff and Police representatives of the requesting jurisdiction to have security personnel assigned to the shelter. If law enforcement personnel were fully committed elsewhere and unable to staff security for the shelter in their jurisdiction, Purchasing would refer the jurisdiction to a vendor who provides security services. Local jurisdictions will make resource requests through the Sacramento OA. **Table 1.3** details required information for requests for Care and Shelter Branch resource support.

Table 1.3 Care and Shelter Branch Required Information for Resource Requests	
Incident type	Time of occurrence
Incident location	How long people will be affected
Shelter/Feeding/Reunification/Other	Additional support resources
Resource to serve how many people?	Site address
Site POC	Requesting jurisdiction point of contact assignment

If mass care and shelter resource needs exceed the mass care capabilities within the Sacramento Operational Area and mutual assistance to meet the need is not available in the SEMS region, the Mass Care Coordinator at the EOC Care and Shelter Branch will use established SEMS/NIMS channels through the Logistics Section at the EOC to formally initiate a request for assistance from the state. If the number of people displaced by the threat of a disaster or disaster impacts is high,

mass care support needs may immediately exceed the resources of local communities. Table 3 shows information required by the Care and Shelter Branch for Mass Care support requests.

Table 1.4 provides examples of commonly requested support resources for Mass Care services. The Care and Shelter Branch or Mass Care Coordinator may work closely with the Regional Emergency Operations Centers (REOC) and/or State Operations Center (SOC) to facilitate the timely identification and fill of resource shortfalls and requests in support of mass care and shelter operations. The Care and Shelter Branch Coordinator does not have authority to commit resources or staffing or to represent the policy positions of Care and Shelter Branch stakeholders. That authority remains with the representatives from stakeholder agencies and departments.

Federal: The State Operations Center (SOC), supports activated REOCs. If the scope of the mass care needs of the disaster(s) exceeds or is likely to exceed the capability of the state, the SEOC is California’s link to ESF 6, and individual assistance support provided within the National Response Framework (NRF). FEMA is the designated coordinating agency for ESF 6 at the federal level. Their mass care and individual assistance program resources support emergency sheltering, feeding, distribution of emergency supplies, reunification, housing, case management and other programs

Table 1.4 Common Mass Care Resource Requests
Sanitation and Hygiene Resources (accessible toilets, hand washing stations and showers)
Public Safety (site security)
Resources that provide mobility or access support
Accessible, understandable messaging detailing the safety status and conditions in impacted areas.
Sufficient transportation for safe transit to mass care sites and operations (bus service, paratransit, etc.)
Culturally appropriate translation and dissemination of public information and outreach messaging about available disaster related services and how to access those services.
Staff to support sheltering or other activities at mass care sites.

2.5 Mass Care Operating Cycle

While the health and safety of the population served is always the first consideration for planning mass care services and activity, resource considerations, and the priority of effort for different services and activities will vary over the life of the mass care operational cycle. The level of activity and the time that it takes to address the needs during each period of activity are dependent on a variety of factors, such as availability of resources, extent of infrastructure damage, number of homes identified as major damaged or destroyed, etc. However, there are recurring cycles of activity. **Table 2.1** provides an overview of the cycle – Initiate, Stabilize, Sustain, Transition to Recovery/Demobilize, and an overview of considerations that inform the activities that characterize each period.

TABLE 2.1 MASS CARE OPERATING CYCLE

	Initiate	Stabilize	Sustain	Transition to Recovery
Point in Time	Event or warning level requiring mass care support occurs.	Event or response moves to containment.	No remaining threat to population from event.	
Activity Drivers	Demand rises as incident starts to scale.	Demand for mass care services and support activity peaks.	Declining mass care support needs.	Individual Recovery solutions identified, and Long-Term Community Recovery Efforts initiated.
Needs (Problem set mass care resolves)	A safe place where basic sustainment needs are met, and information is available about impacts from the hazard or threat.	More robust sustainment of the population impacted by the disaster. (Wrap around services). Transition people from Mass Care to more sustainable options.	Resources to sustain. Whole community strategy to individual recovery needs of the most impacted (often vulnerable or underserved populations).	All mass care needs addressed.
Resource Trends	Rapid scale up of services and associated resources as mass care services activate.	Recurring resource patterns identified, and resupply cycle established. Extent of impacts and complexity of unmet needs drive sustainment plan. Assess need to consolidate Mass Care Sites.	Mass care sustainment footprint contracts. Need for recurring resources declines. End date for Mass Care Identified.	No remaining recurring Mass Care resource needs.
Planning Assumptions (Impacted population and required resources)	Historic data and estimates of potential extent of impacts.	Damage assessments underway. Planning assumptions updated and refined.	Damage assessment is complete.	All Mass care service and activity providers demobilize.
Desired End State	Local jurisdictions provide mass care needs assessments to county. Required mass care resources identified and planning assumptions developed.	Immediate mass care needs of disaster impacted population have been equitably met and additional sustainment resources are provided. (wrap around services)	Need for mass care reduced to displaced survivors without other options. Temporary housing strategy Implemented.	Damage assessment complete. All agency and organizational support return to normal operations.

	<p>Resource requests to fill shortfalls complete.</p> <p>Immediate mass care needs of impacted population met with existing resources.</p>	<p>Aligned strategy for temporary housing initiated.</p> <p>Whole community resources and shortfalls for support of individual recovery (i.e., solutions other than mass care) of impacted population identified and a plan to resolve initiated.</p> <p>Recovery planning process initiated.</p>	<p>Long Term Recovery (LTR) planning complete, LTR committees established, and solutions identified for unmet needs of all impacted diverse populations.</p> <p>Coordinated strategy to transition remaining individuals to situations that meet their unique needs. (MASTT, LAC, DRC) initiated.</p>	<p>Complete reconciliation of material and human resources ongoing.</p>
<p>ALL MASS CARE ACTIVITIES INFORMED BY THE SAFETY, HEALTH AND WELL-BEING OF THE DISPLACED POPULATION SERVED.</p>				

2.6. Requirements by Period of Activity

This section addresses each mass care period of activity and identifies some of the mission requirements, coordinating objectives and operational activity that characterize each period of activity.

Pre-Disaster

The goal of the pre-disaster period of activity is to take all steps necessary to ensure that the mass care system can be activated rapidly, reducing disaster impacts on the population. These steps include, but are not limited to assessing needs, planning, conducting outreach, engagement, training, and exercising.

TABLE 2.2 PRE-DISASTER	
No major disaster activity.	
Smaller scale mass care and emergency assistance provided regularly in local jurisdictions within local capability (multi-family fires, minor flooding, etc....).	
Priority at the OA Level is engagement of existing partnerships, engagement and integration of additional capability, mass care training, exercise and plan development.	
Very little significant need for OA resources or coordination.	
Refinement of plans and assumptions for deliberate mass care plans.	
PRE-DISASTER	
Desired end state	<ul style="list-style-type: none"> • Strong Whole Community mass care partnerships with NGOS, FBOs, Private Enterprise, Nonprofit and Civic Organizations. • A robust well-coordinated network of support that supplies resources and staff whenever mass care activities are needed in the operational area.
Coordinating Objectives Whole Community	<ul style="list-style-type: none"> • Regularly scheduled Care and Shelter trainings for each activity: Sheltering, Feeding, Reunification and Emergency Supplies. • Annual coordination Meeting for Care and Shelter primary and support agencies with DHA, Law Branch, DOE, DCFAS, Health Services and NGOs to review reunification standards and the plan for children separated from parents or caregivers during major disasters and adults separated from their support networks. • Annual capability review with key stakeholders supporting diverse populations.
Operational Activity and Service	<ul style="list-style-type: none"> • Annual Mass Care Community Capability review and tabletop exercise. • Response to small scale house fires, multifamily fires and minor

	flooding incidents and weather events on a regular basis.
Equity and Inclusion Considerations for Diverse Populations	<ul style="list-style-type: none"> • Identify and include vulnerable populations within the operational area in the planning process. • Which diverse population stakeholder groups require engagement to plan equitable service accessibility, physical sites, outreach messaging? • What is the process to quickly activate established contracts and MOUs for DAFN and the unique needs of other diverse populations? • What are the communications approaches and required platforms, accessibility resources, and who are the trusted “go-to” individuals required to assure equitable access to information?
Measurable target	Develop a system for preparing and maintaining mass care capabilities required to respond to and recover from the threats and hazards that pose the greatest risk in the Sacramento Operational Area for 10% of the population for a sustained period of 5 days (120 Hours).

Early and ongoing pre-disaster outreach, engagement, and coordination with a broad spectrum of “whole community” stakeholders supports effective operations once an event occurs. These preparedness efforts drive accurate and inclusive decision-making, expanded and well-targeted resources, and improved intelligence. A list of potential stakeholders to engage is included here.

- Business and industry and other members of the private sector.
- Media.
- Academia.
- Community- and faith-based organizations.
- Diverse populations representatives, particularly DAFN, multi-cultural, and other known socio-culturally high-risk communities.

Establish and exercise coordination structures to integrate stakeholder resources into the response. This advanced planning effort decreases response time, increases operational effectiveness, and eliminates redundancies in sheltering, feeding, and reunification. Establishing a regular cycle for capability reviews, training, exercise and plan development and updates is an added pre-disaster priority.

A preliminary list of considerations for people with disability integration or access and functional needs is included here.

- Wheelchair accessible vehicles and other accessible transportation infrastructure support while in shelters and in preparation for returning shelter residents to original residences

- Auxiliary aids and services such as American Sign Language interpreters and accessible technology to ensure effective communication; equipment to mitigate access barriers such as temporary threshold ramps, safety cones etc.
- Logistical arrangements and financial reimbursement procedures for para-transit resources
- Plans for resource shortfalls

Engaging representatives from diverse populations pre-disaster is essential for success in developing strategies and conducting time sensitive outreach when lives may be at stake. Share these messages with the diverse community stakeholders as informational resources and provide them to outreach *champions* to ensure that both the broadest and the most targeted audiences are reached when a disaster occurs. Use diverse dissemination approaches and distribution resources that reflect the socio-cultural needs and influences of local populations. Develop pre-scripted disaster messaging specifically to support the communication needs for mass care services and activities. Carefully consider communications outreach requirements, align content with relevant cultural considerations and ensure appropriate language translations are available.

Create ADA accessible messages and outreach strategies to inform all of those in the DAFN community about the accessibility of services at mass care sites. Plan strategies for dissemination of ADA accessible messages using a variety of messaging platforms and using different mediums such as Braille, ASL, visualizations, and pictographs. Coordinate in advance with the Public Information Officer (PIO), other members of the Joint Information Center (JIC), Cultural Inclusion and Equity Liaison, and the Disabilities and others with Access and Functional Needs Liaison to identify key champions and social influencers in the diverse populations and enlist their assistance.

Initiate

The Initiate Period of Activity includes the activation of the mass care system and the initial provision of mass care services. Actions are driven by a rising demand in needs, and, often, shortages of resources. Providing adequate shelter, food and other care items quickly and efficiently drives tactical actions, and decision-making and planning at the coordination level during this period.

• TABLE 2.3 INITIATE
Event or evacuations that require mass care support occurs.
Demand rises as incident starts to scale.
Priority is to provide a safe place where basic sustainment needs are met, and information is available about impacts from the hazard or threat.
Rapid scale up of services and associated resources as mass care services activate.

<p>Historic data and estimates of potential extent of impacts based on the situation inform planning assumptions.</p>	
<p>INITIATE</p>	
<p>Desired end state</p>	<ul style="list-style-type: none"> • Local jurisdictional assessments of mass care needs for impacted populations provided to county. • Required mass care resources identified. • Planning, coordination, and resource requests to fill shortfalls complete at the operational area level. • Initial mass care needs of impacted population met with existing resources.
<p>Coordinating Objectives EOC</p>	<p>For any mass care activity or emergency services required to meet the needs of displaced population these objectives will inform Mass Care activity in the EOC:</p> <ul style="list-style-type: none"> • Manage information. • Process requests. • Support and/or implement assessment process. • Develop Assumptions and Identify resource support plan. • Provide mass care support, services and or resources to meet local capability shortfalls.
<p>Operational Activity and Service</p>	<ul style="list-style-type: none"> • Shelter. Local jurisdictions provide life-sustaining services in shelter facilities that provide a safe, sanitary, and secure environment to meet disaster caused needs of any displaced population requiring support. • Reunification. Coordinated effort to provide facilitated assistance for children separated from parent(s), legal guardians, as well as adults from their families due to disaster. • Feeding. Local jurisdictions provide meals or food resources that meet nutritional, cultural, and dietary requirements of displaced populations. • Emergency Supplies. Local jurisdictions plan to distribute life sustaining resources, hygiene items and clean up items to meet the urgent needs of disaster survivors. • Emergency Assistance. Individual recovery planning initiated
<p>Equity and Inclusion Considerations for Diverse Populations</p>	<ul style="list-style-type: none"> • Have the DAFN and pre-identified cultural support contracts, resources, community champions been contacted and activated for support and engagement?

	<ul style="list-style-type: none"> • Has Branch Management met with the Cultural Inclusion and Equity Liaison and the DAFN Liaison to identify potential needs, issues, and concerns of specific populations? What are the specific tasks that will assure an equitable mass care response for all? • Have the Cultural Inclusion and Equity Liaison and the DAFN Liaison met with the JIC to address mass care and shelter service information and communications and messaging? • Which individuals at the shelter sites require specific support to address unique issues of personal physical and emotional safety (E.g., LGBTQI, undocumented, non-English speakers, those with specific faith-based requirements, those with drug issues, those with protection order requirements, and those populations vulnerable to exploitation or victimization)?
<p>Measurable target</p>	<p>% of evac or post event shelters assessed and confirmed as safe, secure, accessible and resourced with what they need.</p>

As mass care services are initiated in local jurisdictions, the priority of effort in the Care and Shelter Branch is identifying and understanding the extent and significance of disaster impacts on people in the places they live and work and quickly providing responsive support to resolve any shortfalls. Assessment begins with identifying where the areas of most significant damage are projected, how many people are displaced, how long they will be displaced and what cascading impacts (power, water, transportation, supply chain, etc.) if any, contributed to displacement. Once the situation is analyzed and understood, close coordination with local jurisdictions is required to refine the assessments and determine what the mass care needs are and those that will be needed in the future. Collaboration will be required to determine what resources and **capabilities** exist in the jurisdiction to address those needs and determining which resources might be deployed elsewhere. That information will support development of planning assumptions, which will inform resource requests that are submitted to fill local jurisdictions' mass care resource shortfalls.

As the Care and Shelter Branch is working with the local jurisdiction to assess impacts, determine mass care needs, identify and deploy available resources, and initiate resource requests for shortfalls, an additional priority is to identify the unique needs of diverse survivors among the displaced population and to resource their sustainment needs.

Some of the first considerations include access and functional needs and disability integration support resources. A list of accessible support equipment in the Sheltering Section of **Appendix C Accessibility Tools for Care and Shelter Sites** includes an inventory of access functional and

disability integration support resources that can be used to help identify shortfalls in shelter and site equipment. The list of activities the Care and Shelter Branch will initiate is included here.:

- Coordinate with local jurisdictions for accessible shelter messaging at all sites and support resolution for any shortfalls for that capability.
- Consolidate and analyze shelter population assessments for all active jurisdictions.
- Identify the number of people requiring either support for access or support for disability integration, a standard reporting requirement.
- Coordinate with pre-established local contacts to resolve resource shortfalls and provide additional subject matter expertise for DAFN and cultural-specific needs.
- The Disabilities and others with Access and Functional Needs Liaison and the Cultural Inclusion and Equity Liaison should work with the JIC to develop an outreach strategy and culturally appropriate message translations of available services in languages of the displaced population, including American Sign Language (ASL) and accessible technologies supporting those with visual and other impairments.
- Confirm accessible messaging about health and safety protocols at mass care sites is also available, as well as well-circulated messaging about site locations and services at those sites.

Conducting pre-disaster coordination to identify the concentrations of vulnerable and underserved populations in hazard-prone areas will ease the challenges of trying to identify and meet mass care needs in the initial stages of a disaster.

Pets. Assess needs and develop assumptions that capture the number of household pets affected by the disaster. Assess pet support resources at shelters and other facilities, compiling a list of those sites that have pet support and their capacities. Make sure total capacity meets the projected number of pets likely to be displaced and in need of mass care support. Confirm there is accessible messaging broadcast through a variety of publicly shared medium that identifies the sites and the support for pets that they offer

Infants, Toddlers and Seniors. Assess the needs and resource shortfalls for these groups as well. Confirm availability of sufficient supplies of formula, diapers, diaper hygiene items for infants and toddlers. For seniors, assess mobility support resources, access to electricity for medication and other care support needs, nutrition supplement drinks, accommodation cots, and other resources that might affect these groups' ability to sustain themselves. The Red Cross and the National Mass Care Strategy website host a wealth of materials to assist with quality assurance and meeting standards of care along with, job tools and checklists to meet the needs of everyone requiring mass care support.

Food. Meal plans and food provided as part of mass care services should be informed by the nutritional, dietary and cultural needs of the displaced population. Assess planning assumptions and needs for vegan, non-allergenic, meat free, religious cultural food such as Kosher or Halal (food

permissible according to Islamic law) and other options that align with unique cultural or other concerns. Local mass care point of contact and Care and Shelter Branch should collaborate to establish who might have needs and identify sites requiring greatest levels of support to address these needs. Establishing reporting for daily assessments to identify what other unique needs are emerging along with the locations that require additional support and resources.

Stabilize

The goal of the Stabilize Period of Activity is to begin moving people out of shelters and back home or into other longer-term housing options. During this period requests for mass care services peak, plateau and then begin to fall.

TABLE 2.4 STABILIZE	
Event or response moves to containment.	
Demand for mass care services and support activity peaks.	
More robust sustainment of the population impacted by the disaster. (Wrap around services).	
People begin moving from mass care to more sustainable options.	
Recurring resource patterns identified, and resupply cycle established.	
Extent of impacts and complexity of unmet needs drive sustainment plan.	
Assess the need to consolidate shelters and determine the likely projected shelter pattern of consolidations and closures.	
Assess the need to consolidate mass care sites	
Damage assessments underway.	
Planning assumptions updated and refined.	
STABILIZE	
Desired end state	<ul style="list-style-type: none"> • Immediate mass care needs of all disaster impacted populations have been met and sustainment resources are provided. • Coordinated strategy to enhance mass care services to meet shortfalls in providing for basic needs initiated. • Aligned strategy for temporary housing established Whole community resources and shortfalls for support of individual recovery (i.e., solutions other than mass care) of impacted population identified. • Recovery planning process initiated.
Coordinating objectives EOC	<p>For any mass care activity or emergency services required to meet the needs of displaced population these tasks will inform Mass Care activity in the EOC Analyze assessments of mass care needs and develop plans.</p> <ul style="list-style-type: none"> • Manage information. • Process requests. • Coordinate and implement resource support plan and resource all required services and activities for sustainment. • Provide mass care services or support resources, including human

	<p>resources to meet local capability shortfalls.</p> <ul style="list-style-type: none"> As needed, convene required mass care activity and service work groups to solution recovery barriers and resource shortfalls.
<p>Operational service and activity objectives</p>	<ul style="list-style-type: none"> Shelter. Integration of additional services (laundry, transportation to service agencies, school buses, para transport, etc.) and initiation of individual needs assessments of impacted and displaced population and individual recovery planning. Reunification. Facilitated assistance for children separated from parent(s), Legal guardians, as well as adults from their families due to disaster tapering to conclusion. Feeding. Local jurisdictions provide healthy, culturally appropriate meals or nutritional resources that meet the sustainment needs of displaced population. Emergency Supplies. Local jurisdictions initiate any needed distribution of life sustaining resources, hygiene items and clean up items to meet the urgent needs of disaster survivors in impacted communities. Emergency Assistance. Individual transition to solutions other than Mass Care initiated through casework and local assistance centers. Connection to services and resources.
<p>Equity and Inclusion Considerations for Diverse Populations</p>	<ul style="list-style-type: none"> How will equitable response to the impacted diverse populations be maximized? Are the same response activities being providing to every population group in the mass care operations? Are the services being provided to DAFN and culturally diverse being done so in a <i>manner</i> that is the same as being provided to all others? How will the level, diversity and quality of response to the diverse populations be assessed and monitored? Are accessible transportation resource contracts adequately prepared to assist in the transfer of populations out of the shelter? Has adequate social service support for undocumented and unhoused persons been provided and prepared to assist with transitions out of the shelter?
<p>Measurable target</p>	<p>% of peak short-term shelter population placed in appropriate housing solutions and no longer in need of mass care or emergency assistance.</p> <p>% of targeted feeding production and logistics capacity in the areas requiring community feeding.</p>

As the incident starts to stabilize either through containment of the threat or by the hazard ending, the population who can return to their homes and places where they lived will begin to do so. As the shelter population starts to decline, the efforts of local jurisdictions and the Care and Shelter Branch shift focus to identify what remaining mass care needs will require ongoing support and developing the plan to sustain those services until they can be met through other means.

A collaborative effort between local jurisdictions and the Care and Shelter Branch should inform the strategy for sheltering the displaced population who no longer have a home or place to live. That planning effort will determine which shelters will close, which will consolidate into another location and which shelters will remain open. Transportation resources to return people to their originating location, facility agreements, and a myriad of logistics issues will become areas of focus for the Care and Shelter Branch. It is very important to consider the effect of shelter closings and the transition from one shelter to another on a population that are potentially experiencing trauma from displacement. Local jurisdictions should ensure that a 48-hour notice minimum is provided for all shelter closings.

Additionally, during this period, the efforts for recovery planning are initiated. The community sheltering strategy should inform local recovery planning for temporary housing and any longer-term plans for housing recovery. This requires the Care and Shelter Branch to assess the clients in shelters and develop a refined understanding of the barriers to transitioning the remaining shelter residents out of shelters and into longer-term housing solutions. More detailed considerations for sheltering and planning the shelter transition and consolidation are contained in the Care and Shelter Branch Lead Desk Guide Desk Guide.

WARNING: Closing shelters or stopping mass care services requires at least 48 hours (about 2 days) notice prior to the actual closing time. 72 hours (about 3 days) is ideal. Notices must be accessible to all people reliant on services and should be provided in multiple languages, large print, Braille, and other accessible media based on the communications needs of people receiving services.

In addition to the planning efforts initiated by the Care and Shelter Branch, this period of activity requires a detailed assessment of the resources that are required by the population who cannot return to their home or place where they lived and will remain sheltered until temporary housing options can be identified. These additional resources are commonly referred to as “wrap-around” services” and include such items as access to laundry, connection with social service resources for support in identifying housing and establishing transportation to support children’s return to school and adults’ transportation needs for work and access to social services. This period is also critical in developing detailed culturally appropriate and inclusive plans that support any impacted community mass care needs for feeding or emergency supply distribution. Refer to the Care and Shelter Branch Lead Desk Guide- for more information about identifying strategies and developing plans for sheltering, community feeding or the distribution of emergency supplies in impacted communities.

Sustain

The Sustain period of activity is characterized by declining shelter populations and people transitioning back to their homes / previous living situation or needing additional support through temporary housing options. The goal of this Period is to close shelters while ensuring all impacted people are transitioned to a viable living situation, or there is a plan in place for the transition.

TABLE 2.5 SUSTAIN	
Population no longer at risk from the disaster.	
Declining mass care support needs as people who can go home do and infrastructure and supply chain are restored.	
Resources to sustain the remaining population with mass care needs identified. Whole community strategy to address individual recovery needs of the most impacted (often vulnerable or underserved populations) identified.	
Mass care sustainment resource footprint contracting. Need for recurring resources declines. End date for Mass Care Identified.	
Damage assessment is complete or almost complete.	
SUSTAIN	
Desired end state	<ul style="list-style-type: none"> Provision of mass care services and activities reduced to meeting needs of population without any other options. Temporary housing strategy Implemented. Long Term Recovery plan complete and long-term recovery committees established and providing solutions for unmet needs. Coordinated strategy for individuals with unique unmet needs to transition into situations where those needs can be met, and they are no longer reliant on mass care services or activities. (MASTT, LAC, DRC)
Coordinating objectives EOC	<p>For any mass care activity or emergency services required to meet the needs of displaced population these tasks will inform Mass Care activity in the EOC Implement and track effectiveness of transition plans.</p> <ul style="list-style-type: none"> Manage information. Process requests. Resource support plan.

	<ul style="list-style-type: none"> • Provide SME and technical support to LTRCs or other entities • Provide SME, technical support and casework support for MASTT, LAC and DRC.
<p>Equity and Inclusion Considerations for Diverse Populations</p>	<ul style="list-style-type: none"> • Are the DAFN and Cultural Inclusion and Equity Liaisons actively working with branch management and external resources to proactively help transition out individuals who traditionally may face discrimination (E.g., those with criminal backgrounds, at risk women/single mothers, undocumented, unhoused, LGBTQI). • Are clear, understandable communications about transition options being provided to those who have accessibility, and language and other cultural differences? • Have wrap around services that appropriately and equitably address the cultural needs of those transitioning been activated? • How are the unique needs of diverse populations being assessed and met? How will documentation and monitoring of those actions inform hot wash sessions and After-Action Reviews (AAR)?
<p>Operational service and activity objectives</p>	<ul style="list-style-type: none"> • Emergency Assistance- Implement coordinated strategy for shelter transition. • Sheltering- sustain temporary sheltering for those with mass care needs as individual recovery strategies are developed and implemented. • Feeding- transition mass care feeding to individual recovery solutions and initiate planning for demobilization of mass care feeding operations. • Distribution of emergency supplies- complete implementation of community emergency supplies distribution. • Reunification- initiate planning to transition to reunification to longer term recovery efforts.
<p>Measurable targets</p>	<p>Population remaining in shelter, % assessed for barriers to recovery.</p> <p>Daily update of numbers for population reductions due to resolution of temporary housing solution barriers.</p>

One strategic consideration during the sustain period of activity is identifying recovery transition options for the remaining shelter population who have exhausted other avenues of support. The planning for this effort starts as part of the immediate recovery planning initiated as mass care

starts to stabilize. Immediate recovery plans should be implemented early in the sustainment period.

Shelter transition provides an opportunity to address the unique needs of the remaining population through a coordinated effort of all stakeholders and their individual recovery resources. The shelter transition strategy may be implemented to assist with identifying and providing alternatives for disaster survivors who need to transition into a permanent or long-term housing solution. The planning process for shelter transition should begin early in the stabilize period. Effectiveness of the transition is dependent upon the availability of services to meet the specific needs of the shelter residents.

Addressing the unique individual needs of people to support the transition from mass care sheltering to temporary and long-term housing requires identifying solutions and answers to the following questions:

- Has the jurisdiction developed a plan to immediately transition shelter residents out of congregate shelters?
- Has the jurisdiction developed a plan to assist with the transition of shelter residents out of non-congregate shelters?
- Have issues with residents with disabilities, access and functional needs and others with culturally specific considerations been addressed?
- Have shelter numbers reached a plateau?
- Have Code Inspection and Enforcement Requirements (waivers and other considerations that do not put people at risk) been included in the transition planning process?
- Has a process been developed for Data and information Sharing between cooperating agencies?
- Have release of information forms been drafted that allow for sharing case information with a third party, especially nontraditional partners?
- Has a method for removing personally identifying information from case files been developed to allow the Shelter Transition Team to discuss cases and maintain privacy and protect the identity concerns of shelter residents?

To close mass care shelters, stakeholders engage remaining shelter residents and collaboratively work with them to identify alternate safe, accessible, affordable, and secure housing for themselves and their families. Barriers to the recovery process for the residents are identified. They're then matched with resources and programs that may provide options for individual recovery. These efforts should integrate local, state, Federal, NGO and private sector partners whenever possible. There may be access to some programs from federal partners even in circumstances without a federal disaster declaration.

Because non-congregate sheltering does not afford the same opportunity for daily and consistent face-to-face engagement with the sheltered population, without a coordinated strategy for regular meetings the duration of the sustainment period may slow the transition to recovery.

Even in congregate settings, teams providing mass care services may need to maintain operations

for an extended period particularly when the local housing supply is limited. Identifying and providing resources or recovery options may require engaging and developing new partnerships or revisiting old ones to address the challenges of mass care in an environment with limited options for recovery. Successful transition planning requires engaging, private sector partners including local businesses and civic organizations, jurisdictions along with Community- and Faith Based Organizations (CBOs/FBOs), local continuum of care, local programs for the unhoused, as well as state, federal and other agency partners to collaborate and identify resources that meet the long-term housing needs of evacuees.

Key stakeholders for these efforts in Sacramento Operational Area include:

- The American Red Cross
- Sacramento County Office of Human Assistance
- Sacramento Housing and Redevelopment Agency
- CDSS
- Sacramento County Homeless Initiatives
- Sacramento Steps Forward
- Sacramento Continuum of Care
- Sacramento Loaves and Fishes
- Veterans Services

Transition to recovery/demobilize

During the transition to recovery and demobilization, the efforts for teams providing mass care services transition to supporting individuals as they find alternatives to mass care to meet their day-to-day sustainment needs. Mass care providers will collaborate with emergent local community recovery groups and other organizations focused on rehousing and temporary housing to make this a smooth transition. As mass care activities are no longer needed, equipment and other resources are transitioned back to their responsible organizations. In the event of federally declared events, the period is characterized by the need to provide support documentation of eligible activities for cost share reimbursement.

TABLE 2.6 TRANSITION TO RECOVERY	
Desired End State	No remaining mass care needs.
	Final cost analysis complete.
	Staff resources returned to normal operations.
TRANSITION TO RECOVERY	

<p>Coordinating Objectives EOC</p>	<ul style="list-style-type: none"> • Manage Information. • Compile documentation- costs, materials, burn rates. • Conduct Hot Washes. • Schedule After Action Reviews and compile After Action Reports. • Demobilize all remaining personnel and equipment.
<p>Operational Activity and Service Objectives</p>	<ul style="list-style-type: none"> • Coordinate with the Housing Task Force or other group established to address housing options and brief long term recovery staff on the status of sheltering/housing programs and remaining barriers. • Conduct mass care activity after action reviews with impacted jurisdictions. • Provide support for demobilization of mass care operations. • Support collection and reconciliation of supporting documentation required for public assistance cost-share offsets (volunteer hours, donated goods).
<p>Equity and Inclusion Considerations for Diverse Populations</p>	<ul style="list-style-type: none"> • Have communications and resource coordination barriers and enablers for branch, EOC and community leadership coordination been fully documented for reporting? • Who (internally/externally) might bring a different perspective to the Hot Wash(es) and can inform the AAR on culturally competence from the mass care and shelter operations experience? • Have the DAFN and Cultural Inclusion and Equity Liaisons engaged with EOC and community outreach leadership for adequate tracking of continuity of resources?
<p>Measurable Target</p>	<p>Total number of overnight stays, total number of meals and snacks served, total population transitioned into recovery or temporary housing solutions.</p> <p>Donated hours accounted for and shared with OES if there is a federal declaration.</p>

3. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

3.1 Primary, Support, Allied Agency and Organizational Roles and Responsibilities

This section addresses the organizations and agencies with roles and responsibilities in the Care and Shelter Branch. Within the operational area, local jurisdictions have the primary responsibility for assessing need and initiating and resourcing mass care in their local area. OA functional coordinators will establish and maintain contact with local jurisdictions involved in the emergency response to assess the scope of the emergency situation and the need for additional resources. Functional coordinators will prepare periodic reports on the emergency situation and the status of OA resources with information gathered from impacted jurisdictions. Prior to activation of the OA EOC, the County Emergency Operations Office compiles status reports from all functions for OA situation reports

County and State Employees in the Sacramento OA

“Under California law, all public employees are Disaster Service Workers and may be called upon in the event of a disaster. The roles and responsibilities for Disaster Service Workers are authorized by the California Emergency Services Act and are defined in the California Government Code 3100-3102; Labor Code 3211.92(b). In addition to everyday duties, public servants have an added responsibility to help in a declared disaster. Disaster service workers are encouraged to have a personal/family emergency plan in place before an emergency or disaster strikes.

Public Health Preparedness maintains this link which provides insight into the role of public employees as Disaster Service Workers.

<https://dhs.saccounty.net/PUB/Emergency-Preparedness/Pages/GI-Disaster-Service-Worker-Training-Video.aspx>

PRIMARY AND SUPPORT AGENCIES-CAPABILITY, ROLES, RESPONSIBILITY

Local Jurisdictions in the Sacramento Operational Area

When demand in the local jurisdiction exceeds capability, assistance is requested from the OA. If the OA EOC is activated, OA participant jurisdictions responsibilities include:

- Emergency actions within their scope of responsibility and commit all available resources to save lives, minimize injury to persons, and minimize damage to property.
- Assessing mass care service needs and initiating service based on local plans and protocols.
- Naming a representative who has authority to speak on behalf of the jurisdiction to coordinate with the OA.
- Establishing communication and coordination with the OA.
- Notifying the OA when the local government EOC is activated.
- Providing status reports updating emergency conditions within the jurisdiction.
- Determining the use of jurisdictional resources and rendering mutual aid, if possible, when requested by the OA.

Trigger for OA EOC Activations: at least one local government official implements the local-level SEMS command and coordination that aligns with the scope of the emergency and the local government's role in response to the emergency.

Care and Shelter Branch is responsible for the following actions.

- Rapid assessment of the situation.
- Identifying and prioritizing the initial actions to be taken.
- Acquiring/deploying resources needed to meet the immediate mass care requirements of OA jurisdictions.
- Planning section assumes responsibility for preparing situation reports on activation of the EOC.

When the OA EOC activates to operate for an extended period (usually due to larger scale disasters), the OA Coordinator will ensure that communication links are established with necessary agency representatives for multi-agency coordination. OA authority and responsibility is not affected by the nonparticipation of any local government. Nonparticipation in the Sacramento OA Agreement does not preclude a local government from being bound by the requirements of this plan. Specific responsibilities of OA staff will be found in the checklists in OA EOP.

Sacramento County Agencies
<p>As the first point of contact for the coordination of local mass care assistance within the OA, OA staff must rapidly assess the situation, identify and prioritize the initial actions, and acquire/deploy required resources to meet the immediate needs of OA jurisdictions. OA functional coordinators will establish and maintain contact with local jurisdictions involved in the emergency response to assess the scope of the emergency situation and the need for additional resources. Functional coordinators prepare periodic reports on the emergency situation and the status of OA resources with information gathered from impacted jurisdictions.</p> <p>Prior to activation of the OA EOC, the County Emergency Operations Office compiles status reports from the jurisdictions. When the OA EOC is activated, the Planning section assumes responsibility for preparing situation reports. The Functional Coordinator compiles a situation report for mass care activity and provides it to the planning section. During situations of a significant magnitude and scope, the OA Coordinator will ensure that communication links are established with necessary agency representatives for activation of the Care and Shelter Branch in alignment with the mass care needs of the disaster.</p> <p>Primary Agencies are responsible for coordination of activity and resources. Supporting agency representative are responsible for knowing and communicating how their agency capabilities (human, material and equipment resources) support branch activities and mass care services in local jurisdictions.</p>
Sacramento County Department of Human Assistance (DHA)
Primary Agency
<p>Role: Care and Shelter Functional Coordinator</p> <p>DHA is designated as the Primary Agency with responsibility for Care and Shelter in the Sacramento County Emergency Operations Plan and the Sacramento Operational Area Plan. On activation of the OA EOC for a disaster requiring mass care services, the Director of DHA or their designee is the Care and Shelter Branch Director or Mass Care Coordinator depending on the scope of the disaster.</p> <p>The Care and Shelter Branch Director is tasked with coordinating the actions of responsible jurisdictions to meet the mass care and emergency assistance needs of survivors displaced during a disaster including food, non-medical care and sheltering, family reunification and emergency supplies and assistance.</p>

Responsibilities

The Care and Shelter Branch collects and consolidates information about services and activities at mass care sites and facilities in local jurisdictions.

The Care and Shelter Branch will

- Coordinate mass care and emergency needs assessments for each operational period.
- Act as the functional coordinator to process resource requests that do not fall into one of the pre-established mutual aid agreements.
- Support local jurisdictions' efforts to establish and resource shelters (including staff, equipment and supplies).
- Support local jurisdictions' efforts to establish and resource feeding (including staff, equipment and supplies).
- Support local jurisdictions' efforts to establish and resource those emergency supplies essential for sustainment.
- Support local jurisdictions' efforts to establish and resource a means for individuals and families to reconnect with their families (reunification) when separated by threat of or impact from disaster (including staff, equipment, operating platforms to support reunification, and information).
- Provide access to Basic Health, Behavioral Health and Human Service support:
 - On-site assistance to disaster workers and survivors
 - Coordinate and provide resources as needed for the mental health needs of disaster survivors
 - Coordinate and provide resources for Individual and mass feeding
 - As requested, provides coordination and augments staffing shortfalls for nursing and health service support at mass care sites
- Support identification and operation of emergency shelter facilities and sites
- As requested, assist with the registration and identification of survivors.
- As requested, support efforts to recruit and identify workers for mass care sites, services and activities
- Provide administration and supervision of disaster relief operations when local capability is insufficient to meet mass care needs.
- Identify resources and distribution sites to support provision of basic needs supplies such as food, water, clothing, etc. based on local assessments of need and requests for support.
- Support the Sacramento OA use of SEMS, ICS and NIMS in emergency operations.

DHA serves as the lead agency for Mass Care within the Sacramento Operational Area

Sacramento County Department of Health Services (DHS)

Support Agency/Organization

Sacramento County Public Health within the County Department of Health Services has the overall responsibility of protecting the public's health in an emergency. They develop comprehensive emergency response plans in coordination with local, state, and federal agencies, as well as private health care providers and the American Red Cross. DHS as the primary agency for Health and Medical for the Sacramento OA. They coordinate with the Care and Shelter Branch to meet the health and medical support of the needs of survivors displaced by disaster. DHS receives and disseminates disaster related information to the medical/health community and to the public.

Support of mass care and emergency assistance includes:

- Coordinates the emergency medical response in a disaster, including emergency medical dispatch, emergency, and non-emergency ambulance services.
- Coordinates and monitors the CAHAN/EMS Systems.
- Provides timely and coordinated evacuation and medical assistance to ill and injured survivors.
- Facilitates the movement of injured survivors to designated care sites.
- Coordinates the procurement, allocation and distribution of medical personnel, supplies, equipment, and other resources in support of mass care and emergency assistance, as necessary. This includes providing subject matter expertise, quality assurance and oversight to local resources engaged for health and medical support at mass care sites. And as needed coordinates the support of public health nurses and activation of Medical Reserve Corps to meet local needs for health and medical support of mass care services and activities.
- Provides sheltering for the medically fragile.
- Acts to prevent the spread of communicable disease and disaster-related illness.
- Collects and analyzes health related data in a disaster area and establishes response procedures to mitigate health related problems.
- Provides preventative health services.
- Monitors, assesses and reports on the community disaster health status

The American Red Cross
Support Agency/Organization
<p>The American Red Cross’ role as a service provider is separate and distinct from its role in the National Response Framework. The American Red Cross, through charter by congress, is identified as a co-primary agency for mass care in the National Response Framework. In its role as a service provider, the American Red Cross works closely with local, state, tribal, territorial, and insular area governments, NGOs, and private sector entities to provide life-sustaining services to survivors of every disaster – large and small – to include sheltering, feeding, distribution of emergency supplies, and disaster health/mental health, reunification, and casework services. The Red Cross can count on its nationwide capability to scale their operations to meet the scope of mass care needs for disaster impacted communities across the country.</p> <p>Support of mass care and emergency services include:</p> <ul style="list-style-type: none"> • Primary provider of disaster sheltering in most local jurisdictions. • Provides Mass Care SME support in the County EOC on activation of Mass Care or Sheltering within the Care and Shelter Branch. • Feeding within Shelters • Emergency Supply Distribution • Health Services and Disaster Mental Health support • Family Reunification support • Individual disaster casework and other emergency assistance support for individual recovery • And other disaster related capabilities including providing human and material resources in support of relief efforts. <p>The American Red Cross provides liaison support to the County Emergency Operations Center (EOC). Red Cross may establish a separate operations center for coordination of their organization’s services and activities.</p>
Salvation Army
Support Agency/Organization
<p>The Salvation Army has several different disaster capabilities. If the disaster requires significant community and shelter feeding, The Salvation Army may have the capability and resources to</p>

coordinate the disaster feeding efforts. Salvation Emergency Response Services are activated on short notice according to an agreed-upon notification procedure coordinated with federal, state and local governments. Typically, Salvation Army personnel and resources will congregate at predetermined staging areas, entering the impacted area only once government first-responders have indicated that it is safe and constructive to do so. Their immediate response activities may include food and hydration services, shelter, cleanup, and emergency communication assistance to put survivors in touch with their loved ones.

Department of Child Family and Adult Services

Allied Department

Organizational Mission: to serve older adults and people with disabilities in Sacramento County by providing protection from abuse, neglect and exploitation while striving to preserve their independence and self-determination.

- Can provide subject matter expertise and insight on unique needs and concerns after a disaster for the population they serve.
- May have established network and contacts for senior resources (centers, programs, events, etc.) in local jurisdictions
- Can provide coordination support with California State Department of Aging and potentially Independent Living Council.
- Can provide updated resources and programs for information and referral resources for Local Assistance Centers and caseworkers assigned to support individual recovery during the transition to recovery from mass care.
- Provide accurate information regarding availability of temporary housing or rehousing resources for displaced aging adults, their caregivers and population in need of independent living resources.

Division of Behavioral Health Services

Allied Division

Manages the following disaster behavioral/mental health response functions:

- Coordinates all mental health response to the OA and provides oversight and support for mental health services provided to community disaster survivors and disaster emergency responders throughout the duration of the disaster and its recovery period.
- Augments Sacramento Health Services disaster capabilities by providing crisis counseling services, as requested, through the CEOC.
- Provides the following disaster response functions:
 - Mental health liaisons to work at the County EOC in the Operations Branch to support Health and Medical Branch and the coordination of county response.
 - Triage, education, assessment, and intervention of individuals impacted by disaster.
 - Assessment, evaluation, and crisis counseling with consideration for language accessibility and appropriate translation services to populations requiring mass care services and shelter residents as needed.
 - Maintains continuity of care for people with mental disorders who were receiving services prior to the disaster.
 - Mental health outreach and education to schools impacted by disasters as requested.
 - Deploys licensed staff to support mental health services in Red Cross shelters as requested.
 - Support for conducting crisis counseling with shelter and other emergency response personnel as needed.
 - Deploys licensed staff to requesting county and City departments.
 - Deploys trained staff to requesting hospitals.
 - Support for referrals and community resources.
 - Responsible for the coordination of other community counseling resources. If county mental health resources become exhausted, the department will coordinate with its contract providers for additional resources. If further support is still needed, the mutual aid plan will be activated.

Department of Public Health

Allied Department

Department of Child and Family Services

Allied Department

Primarily concerned with the safety and well-being of children in its care, the department's employees, and displaced minors left unaccompanied as a result of a disaster. In a major

disaster Sacramento County Department of Child and Family Services can provide a variety of services and programs including:

- Deploy staff to emergency shelters to process the initial intake and registration of unaccompanied minors, including follow-up action to reunite them with their parents/guardians or other immediate family member in order to provide appropriate temporary or permanent placement when and where necessary.
- Serve as a resource to provide disaster relief related information, resources, services, and support to relative caregivers and their children to enhance the family unit, safety, and reduced reliance on detentions.
- Provides emergency shelter care services through providers that will facilitate temporary homes for children and youth who have suddenly been placed under the care of Children’s Services and urgently need temporary shelter.
- Provides emergency shelter care services that are readily available within a two (2)-hour notice on a 24-hour/7-day a week basis, whereby necessities, such as meals, clothing, medical, dental care, and education support, will be provided.
- Supports DHA, on request, in provision of emergency social services, including staff at emergency shelters or relief programs to assist in interviewing affected population, processing requests for disaster assistance, and other related tasks.
- Continues the commitment to provide services to children under Sacramento County Children’s Services care, including the placement of children affected by a disaster.

Animal Care and Regulation- assigned to the Care and Shelter Branch

Primary Agency

- Develop and maintain a plan for coordinating animal search, rescue, evacuation sheltering.
- Develop and maintain a plan for large animal care and shelter in coordination with the Agricultural Commissioner.
- Coordinate notification of other team members during an emergency.
- Assess the magnitude of the impact of the incident on animals, and assess response activities, and resources status. Regularly report status to the Sacramento County EOC.

Sacramento Office of Emergency Services

Allied Office

- Shares consolidated information on mass care resource requests and critical information reports and EEI that impacts jurisdictions need for mass care services
- Coordinates with support agencies re: mass care sites and specific routes to access them.
- Coordinate and supports resourcing of logistics, transportation and supplies for evacuees and evacuations.
- Provides public information on mass care sites, services provided, accessible routes,

<p>transportation information and safety updates through the joint information center.</p> <ul style="list-style-type: none"> • Maintains and supports communication between all agencies. • Interface with California Office of Emergency Services for the Operational Area.
Sacramento Housing and Redevelopment Office
Allied Office
<p>Supports the long-term housing recovery framework and may coordinate resources and facilitate integration of other agencies, departments and programs working with resources to support individual recovery transitions out of mass care and into temporary housing or other options.</p>
Sacramento VOAD
Primary Organization- Volunteer Coordination
<p>Provides primary support and coordination for integrating local volunteers into disaster relief efforts. Their regional VOAD is a coalition of faith and community-based organizations with a variety of disaster-related capability. Once a disaster occurs, the VOAD can mobilize those organizations and their resources and coordinate their services.</p>
SacRT
Support Organization- Transit and Transport Coordination
<p>The regional transit provider in the capital of California (the 5th largest economy in the world), operating over 80 bus routes (fixed-route, microtransit and dial-a-ride), 43 miles of light rail serving 52 light rail stations and ADA paratransit services all within a 400 square-mile service area throughout Sacramento County, which includes service in the cities of Sacramento, Citrus Heights, Elk Grove, Folsom and Rancho Cordova.</p> <p>SacRT is committed to operating a world-class transit system with state-of-the-art service. Buses and light rail trains operate 365 days a year. Buses operate daily from 5 a.m. to 11 p.m. every 12 to 60 minutes, depending on the route. Light rail trains begin operation at 4 a.m. with service every 15 minutes during the day and every 30 minutes in the evening. Blue Line and Gold Line trains operate until 12:30 a.m. Green Line trains operate every 30 minutes, Monday through Friday, from approximately 6 a.m. to 8:30 p.m.</p> <p>Annual ridership was approximately 21 million passengers in FY 2019. Weekday light rail ridership averages about 40,000 while weekday bus ridership averages approximately 37,000 passengers per day.</p> <p>Mobility solutions include on-demand microtransit services in the nation called "SmaRT Ride." SmaRT Ride offers convenient and affordable on-demand service in nine areas: Arden, Carmichael, Citrus Heights, Downtown-Midtown-East Sacramento, Folsom, Franklin-South Sacramento, Gerber-Calvine, North Sacramento and Rancho Cordova.Â</p>
Paratransit

SacRT began operating paratransit services on Sunday, June 28, 2020. The service is called SacRT GO Paratransit Services.

For all information and services related to SacRT GO call 916 321-BUSS (2877), select option #2, for Reservations select option #2 again. The reservations line is open from 8:00 a.m. to 5:00 p.m.

Passengers can schedule up to two days prior to when they want to take their trip, however they must be scheduled up to 5:00 p.m. the day before.

SacRT GO will operate whenever the Fixed Route Service or Light Rail service operates depending on the routes. Currently, the service can start as early 4:30 a.m. to 1:00 a.m. (Blue Line).

All previous policies for ADA paratransit service and Non-ADA service remain in effect, SacRT GO is providing both services.

Visit SacRTGO.com to learn more.

3.2 Care and Shelter Branch Service/Activity Coordinators

Table 2.7 Care and Shelter Branch Functional Roles and Responsibilities

Roles	Agency Organization	ASSIGNED BY	Responsibilities
Care and Shelter Functional Coordinator	DHA	Agency Director or Designee	<ul style="list-style-type: none"> • Identifies Mass Care Support requirements • Activates county agencies and departments to meet support needs • Interface with county EM • Serves as Agency POC • Supplies analysis and information to the Operations Section Chief and potentially, the Executive group on emerging issues that may escalate and require their intervention.
Mass Care Coordinator	OES/DHA	Assistant Emergency Operations Coordinator, or qualified Designee	<ul style="list-style-type: none"> • Serves as Primary POC for all Mass Care agencies and organizations • Initiates NGO and VOAD engagement • Provide guidance and technical assistance on Mass Care and Emergency Assistance Activities, Department and Agency capabilities to support MC and EA in local jurisdictions • Analyze MC/EA provider activities to identify services and resources shortfalls and to develop support solutions. • In coordination with MC POC/s in local jurisdictions determine need for the deployment of county human and material resources in support of mass care • Determine in coordination with MC POCs in local jurisdiction and possibly with CDSS the need to coordinate for mutual assistance

Table 2.7 Care and Shelter Branch Functional Roles and Responsibilities

Roles	Agency Organization	ASSIGNED BY	Responsibilities
			<p>resources from the SEMS region or the State.</p> <ul style="list-style-type: none"> • In coordination with local jurisdictions and CDSS determine the need for state supported sheltering, feeding, and mass evacuation operations. • Initiate support requests when determined external resources required. • Coordinate reunification services with local jurisdictions. • With CDSS at the state level assess needs to determine if event requires request for implementation of federal family reunification resources including the National Emergency Family Registry and Locator System, the National Center for Missing and Exploited Children, and Team Adam
Sheltering Coordinator	Red Cross Representative and a DHA representative	If feeding is only conducted in two to three short term shelters- there is probably no need for additional feeding capability at the EOC level	<ul style="list-style-type: none"> • As assigned by the Mass Care Coordinator, in coordination with impacted jurisdictions, assess shelter needs and maintain situational awareness of issues and conditions affecting impacted jurisdictions’ ability to meet sheltering need of displaced population in their area. • Provide information analysis and summary of recommendations for actions and resources to mass care coordinator. • Coordinate resource support for impacted jurisdiction. • Serves as point of contact for mutual aid, state and federal resources deployed to support sheltering in impacted areas. Serves as primary SME support of sheltering in local jurisdictions
Feeding Coordinator	Salvation Army Representative		<ul style="list-style-type: none"> • As assigned by the Mass Care Coordinator. In coordination with impacted jurisdictions, assesses shelter and community feeding needs and capabilities in impacted jurisdictions.

Table 2.7 Care and Shelter Branch Functional Roles and Responsibilities

Roles	Agency Organization	ASSIGNED BY	Responsibilities
	or their designee		<ul style="list-style-type: none"> • Coordinates assessments to determine number of people requiring supplies and the types of supplies required. • Initiates requests for needed supplies and acts as the primary POC for coordination with local jurisdictional, mutual aid, State and Federal resources deployed in support of the disaster.
Emergency Supplies Coordinator		Typical only resourced during large scale disaster with significant damage to residences.	<ul style="list-style-type: none"> • As assigned by the Mass Care Coordinator. In coordination with impacted jurisdictions assesses emergency supplies needs and capabilities in jurisdictions with impacts. • Coordinates assessments to determine number of people requiring supplies and the types of supplies required. • Initiates requests for needed supplies and acts as the primary POC for coordination with local jurisdictional, mutual aid, State and Federal resources deployed in support of the disaster.
Reunification Coordinator	Representative from Child, Family and Adult Services	DHA to determine designee	<ul style="list-style-type: none"> • As assigned by the Mass Care Coordinator, in coordination with impacted jurisdictions, assesses reunification support needs and maintains situational awareness of reunification issues and the disaster conditions impacting the ability to meet the reunification needs of the displaced population in the impacted area/areas. • Provide information analysis and summary of recommendations for actions and resources to the mass care coordinator. • Coordinates resource support for impacted jurisdiction. • Serves as point of contact for mutual aid, state and federal resources

Table 2.7 Care and Shelter Branch Functional Roles and Responsibilities

Roles	Agency Organization	ASSIGNED BY	Responsibilities
			deployed to support reunification in impacted areas. <ul style="list-style-type: none"> • Primary SME in support of reunification in local jurisdictions.
Emergency Assistance Coordinator	DHA	Mass Care Coordinator will assign Designee	<ul style="list-style-type: none"> •
Health Services Advisor	Health Services	Public Health designee	<ul style="list-style-type: none"> •
Behavioral Health Advisor	Behavioral Health Services	Behavioral Health Designee	Manages the following disaster behavioral/mental health response functions: <ul style="list-style-type: none"> • Coordinates all mental health response to the OA and provides oversight and support for mental health services provided to community disaster survivors and disaster emergency responders throughout the duration of the disaster and its recovery period. • Augments Sacramento Health Services disaster capabilities by providing crisis counseling services, as requested, through the EOC. • Provides the following disaster response functions: <ul style="list-style-type: none"> • Mental health liaisons to work at the County EOC in the Operations Branch to support Health and. Medical Branch and the coordination of county response. • Triage, education, assessment, and intervention of individuals impacted by disaster. • Assessment, evaluation, and crisis counseling to populations requiring mass care services and shelter residents as needed.

Table 2.7 Care and Shelter Branch Functional Roles and Responsibilities

Roles	Agency Organization	ASSIGNED BY	Responsibilities
			<ul style="list-style-type: none"> • Maintains continuity of care for people with mental disorders who were receiving services prior to the disaster. • Mental health outreach and education to schools impacted by disasters as requested. • Deploys licensed staff to support mental health services in shelters as requested.
<p>Disabilities and others with Access and Functional Needs Liaison</p>			<p>Responsible for assuring that equity considerations are included in policy level decisions, resource allocation, and response priorities of the mass care and sheltering operations.</p> <ul style="list-style-type: none"> • Acts as a policy advisor to the Mass Care and Shelter Coordinators on equal access and functional needs issues. • Provides information, as requested, to all MC&S components on access and functional needs-related issues and available resources. • Facilitates communication between the shelter and mass care operational sites, EOC, JIC, community stakeholder groups or coalitions, and area organizations providing services to people with disabilities and others with access and functional needs. • Ensures people with disabilities and others with access and functional needs are properly considered in all aspects of the mass care and sheltering operations. • Ensures EOC compliance with the Americans with Disabilities Act (ADA) and other legal requirements. • Attends all mass care and shelter executive and management level briefings and meetings during operations.

Table 2.8 Agencies providing Mass Care and Emergency Assistance Support

	Human Assistance	Volunteer Services	CalWORKS	Job Programs	General Assistance	Medi-Cal	County Medically Indigent Services Program	Cal Fresh	Foster Care	Emergency Family Shelter	Child Family & Adult Services	Child Protective Services	Senior and Adult Services	Health Services	Behavioral Health Services	Primary Health	Public Health Services	Department of Education	American Red Cross	VOAD	Animal Control	
Unhoused Precariously Housed							S				P				S							
Cultural Competency Needs	P																		S	S		
Access and Functional Needs including ESL, Digital Equity and Transportation Support	S						S				P			S	S					P	S	
Disability Integration Needs							S				P			S	S					P	S	
Children											P			S						S		
Seniors													P	S						S		
Pets																				S	S	P
Undocumented Individuals	S						S													P		
Unaccompanied Minors									S		S	P		S	S					S		

4. DIRECTION CONTROL AND COORDINATION

4.1 Horizontal Integration

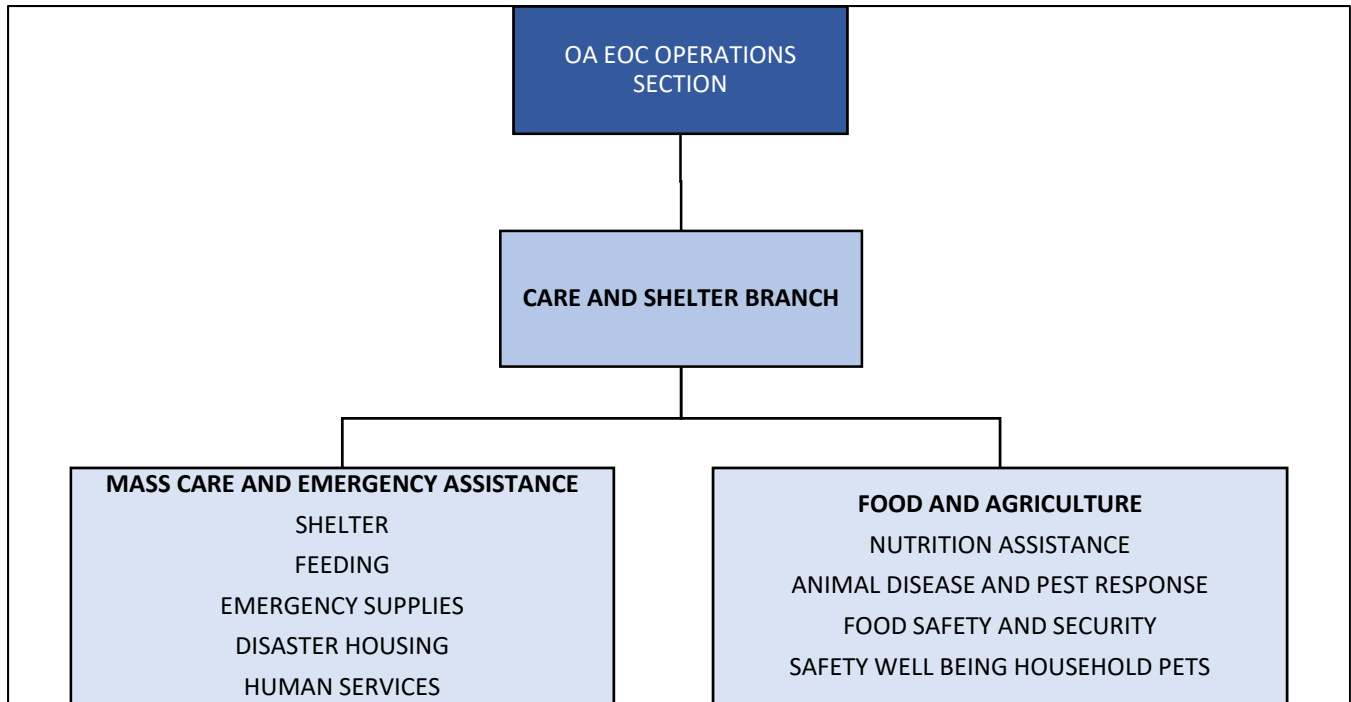


Figure 4.1 Care and Shelter Branch

County Department/Allied Agency EOC Organization Assignments

The Care and Shelter Branch operates under the coordinating oversight of the OA EOC Operations section. Department of Human Assistance is named as the primary agency for Care and Shelter in the Sacramento Operational Area Plan (AOP). The Department of Health Services and the American Red Cross are identified as supporting Agencies/Organizations. Collaboratively, these organizations have responsibility for the capabilities within Emergency Support Function 6 - Mass Care Activities (shelter, feeding, emergency supplies, reunification) and Emergency Assistance (assistance to people with disabilities and others with access and functional needs including those with disabilities, Safety and Well Being of Household Pets, Service and Support animals and mass evacuee support).

County Animal Care and Regulation is the primary agency for coordinating certain capabilities within the Agriculture Unit/ ESF 11 that impact mass care and sheltering. These responsibilities include:

- Nutrition assistance.
- Animal, plant disease and pest response.

- Food safety and security
- Natural and cultural resources and historic properties protection.
- The safety and well-being of household pets.

The County Agricultural Commissioner is the supporting agency. More details can be found in the Animal Care and Shelter Annex, which addresses Animal Control responsibilities.

The Care and Shelter Branch is responsible for facilitating and coordinating mass care resources and support with allied agencies and organizations in the Sacramento Operational Area. The People with Access and Functional Needs Annex to the Mass Care and Shelter Plan identifies the Department of Health Services as the entity responsible for coordinating support for individuals with disability integration or access and functional needs during mass care operations. See **The Care and Shelter Branch Lead Desk Guide** for a full identification of operational area EOC functions and a highlight of those functions which mass care will require extensive coordination and support from during larger disasters.

Each impacted individual's mass care and emergency assistance needs vary widely from disaster to disaster. In complex disasters with significant populations displaced from their homes by high degrees of infrastructure and structural damage, mass care and emergency support needs will require coordination and support across a broad spectrum of department, agency, and organizational capability. Securing resources to meet mass care needs effectively and inclusively will require significant coordination and agency/organizational support from the Transportation Unit, the Health and Medical Branch, the Law Branch, the Public Information Unit, the Volunteer Coordinator, the Donation Coordinator, the Management Section, the Planning Section, the Infrastructure Unit, and the Utilities Branch. A critical function on larger disasters will be coordination and collaboration with the recovery planning team to ensure the unique disaster-caused needs of the diverse populations impacted, and particularly those considered highly vulnerable, will be met.

Local jurisdictions may have existing mass care, sheltering and/or emergency assistance plans. The Care and Shelter Branch should consult those plans on notification that disaster mass care services are being assessed or are deemed necessary by the local jurisdiction. The Care and Shelter Branch Coordinator and staff provide functional support, resource support, oversight, and coordination for mass care and emergency assistance services and activities. In coordination with the Operations Section, they support the mass care and emergency assistance priorities established by officials in the impacted local jurisdiction. The analysis and recommendations for mass care needs assessments will inform the allocation of scarce resources among the potentially competing priorities of multiple jurisdictions.

Depending on scope and scale of the disaster and impacts in local jurisdictions, the Care and Shelter Branch assignments may require direct participation in the OA EOC or indirect support. Agencies with their own EOC may provide coordinating support from their agency operating center at the discretion of the Care and Shelter Branch Agency Director.

4.2 Vertical Integration

The California State Comprehensive Emergency Management Plan includes an ESF 6 Annex. There are federal ESF 6 Annexes that support both the OA and the State plans. Sharing and updating information between the functional coordinators at all levels improves the common operating picture for mass care and emergency assistance activities.

County: Sacramento Operational Area Care and Shelter Branch will share mass care and individual assistance needs situational information with the State (CDSS) and/or the Regional Emergency Operations Center (REOC), in coordination with CDSS. If there are mass care services provided within the county, the Red Cross typically designated a point of contact and/or a liaison to support the Care and Shelter Branch with situational awareness and/or resource coordination.

Region: The Regional Emergency Operations Center (REOC), operated by the Inland Region of the Governor's Office of Emergency Services facilitates the request for State and Federal support. CDSS has the delegated responsibility within the state to coordinate mutual assistance support for mass care and individual assistance services and activities. Their Disaster Services Branch facilitates networking with and between counties. They may provide staff to Regional Emergency Operations Centers at the request of Cal OES.

State Level: If a disaster requires, or is likely to require, mass care resource support from the state level, Cal OES activates ESF 6. The ESF 6 Coordinator (a representative from CDSS Disaster Services Branch) leads collaboration among stakeholders to enhance information sharing processes and assist in coordinating resource allocation by providing information about capabilities and resources of ESF 6 stakeholders.

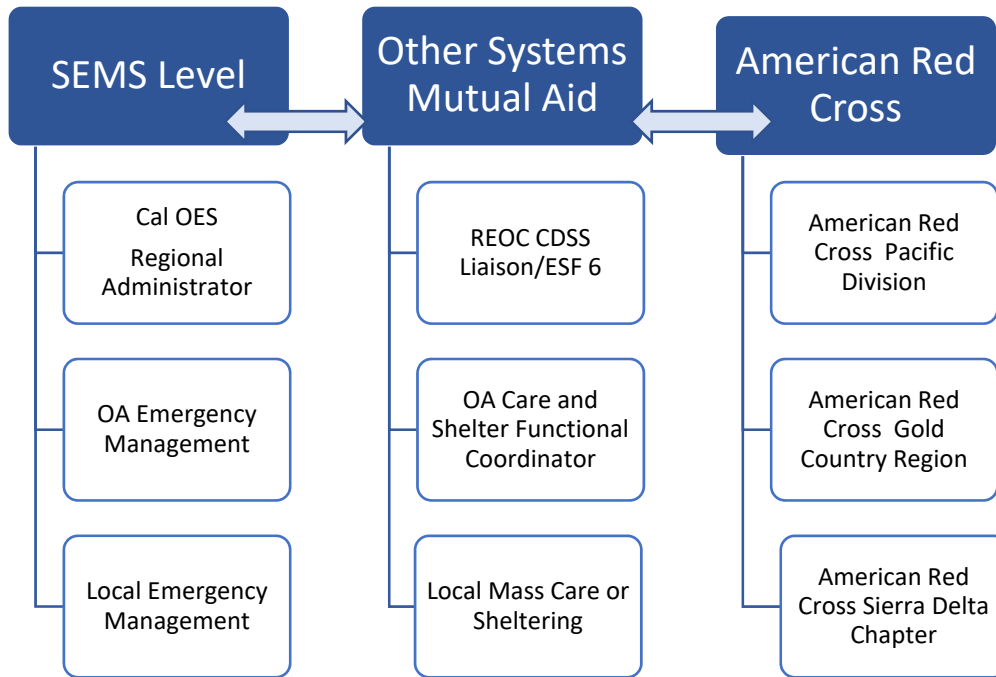


Figure 4.2 Organizational Relationships SEMS, Mutual Aid and Mass Care Organizations

5. INFORMATION, COLLECTION, ANALYSIS AND DISSEMINATION

This section describes the critical or essential information needed, the source of the information, who uses the information, how the information is shared, the format for providing the information, and any specific times the information is needed.

5.1 Information Management

The Sacramento Operations Area Plan addresses coordination communications and prioritization of resources among local governments during emergencies and disasters. Cities and special districts gather status information from their field operations and/or department operations centers and report their status to the OA level. A joint agreement between the county and cities is in place to utilize WebEOC for incident documentation and information sharing. Cities and special districts may use WebEOC to report their status to the OA. Information may also be gathered by functional coordinators at the OA level from cities and special district functional liaisons (law enforcement, fire, construction and engineering, flood control, health/medical, care and shelter, energy, utilities, and potable water), or in the case of small jurisdictions, from a designated liaison who reports on all emergency functions.

Information about a disaster and the tracking of resources used to respond to a disaster are connected elements. At a minimum, disaster information is needed to estimate resource requirements. Resource status information is an element within disaster situation reports and is used to help create an overall picture of what is happening.

The Sacramento Operations Area Plan addresses coordination communications and prioritization of resources among local governments during emergencies and disasters. Cities and special districts gather status information from their field operations and/or department operations centers and report their status to the OA level. A joint agreement between the county and cities is in place to utilize WebEOC for incident documentation and information sharing. Cities and special districts may use WebEOC to report their status to the OA. Information may also be gathered by functional coordinators at the OA level from cities and special district functional liaisons (law enforcement, fire, construction and engineering, flood control, health/medical, care and shelter, energy, utilities, and potable water), or in the case of small jurisdictions, from a designated liaison who reports on all emergency function

At the state level, the ESF 6 Coordinator (a representative from CDSS Disaster Services Branch leads collaboration among stakeholders, enhances information sharing processes and assists in coordinating resource allocation by providing information about capabilities and resources of ESF 6 stakeholders.

5.2 Mass Care Essential Elements of Information

Mass Care Essential Elements of Information	
Required Information	Potential Sources
Power outages, by county, and projected restoration times	Situation Unit or Utilities Section PGE and SMUD Outage Maps
Current and impending weather conditions that will affect shelter operations	SitRep or current Situation Unit Analysis National Weather Service
Long-term evacuee/displaced persons' status tracking data (e.g., employment, temporary housing, preferences for permanent relocation versus return, if applicable).	Situation Unit, GIS Visualizations through Web EOC Mass Care and Shelter Branch
Names, locations and contact information for grocery stores or other food providers (such as mini markets) with backup power available	
Number of potential evacuees, and locations of host communities with concentrations of evacuees.	Mass Care & Shelter Branch Sheriff's Office
Location of recharging stations.	
Location and accessibility of open or planned shelters, fixed and mobile feeding sites, and sites for distribution of emergency supplies (e.g., PODs).	VOAD Mass Care & Shelter Branch American Red Cross The Salvation Army
Private association/nonprofit association requests for assistance.	VOAD

Lists of designated staging sites	Operations Section
Areas without power and duration of outages	
Transportation system disruption- roads, bridges, service. Anticipated duration of disruption.	
Communications Infrastructure	
Public Information and Warning Systems- Alerts, Warnings, Messages	
911 and Dispatch- reports of additional or cascading impacts affecting mass care services. (Fires, injuries etc....)	
Hazardous Materials and HAZMAT incidents impacting residential areas.	

5.3 Mass Care Critical Information Reports

Mass Care Critical Information Requirements	
Required Information	Potential Sources
# of residences Major damage or destroyed And/or Evacuated population by area	<p>Check WebEOC for Cal Fire DA and Fire Mapping (Wildfire), Web EOC for PDA and number of people remaining evacuated for flooding.</p> <p>OA damage assessments and reports are available in WebEOC and in ORION.</p> <p>For damage assessments conducted by Red Cross, coordinate with the Red Cross Liaison</p>
Shelter population, by Jurisdiction/county, and trend	Current population reported by Red Cross
	Shelter trend info available from Red Cross-National Shelter System: coordinate with Red Cross liaison for information
Current and projected sheltering resources available, by type and kind	Shelter resources available and in use, reported daily via Red Cross liaison
	For projected resources available from ARC coordinate with Red Cross Liaison
	For current and projected shelter resources available from Health Services coordinating with Health Services liaison
	For current and projected shelter resources available from the private sector or other voluntary agencies coordinate with SVOAD.

Projected or actual peak evacuation shelter population	Projected peak evacuation shelter population estimated on OA Mass Care or Shelter conference call 48 hours prior to peak for flooding. 24-hour post impact for no notice events.
	Actual peak evacuation shelter population available from ARC National Shelter System: coordinate with Red Cross liaison for information
Target date: all postevent short term shelters assessed safety/security/ accessibility	Estimated on OA mass care conference call 24 hours prior to peak floodwaters, as soon as possible (within 24 hours for no-notice events) and updated as required.
Target dates for opening of schools, by jurisdiction.	Coordinate with DOE and the School Districts.
Estimate date short- term shelters will close	Estimate 30 days from start of event and adjust as required.
Reported shelter issues	County Situation Reports
	Reports from ARC
	Reports from the media
Census population, by county	Census.gov
Meal counts, by county	Meal counts, by county, provided by feeding organizations
Current and projected Feeding resources available, by type and kind	Summary ARC feeding resources available to DRO emailed to Red Cross liaison daily
	Summary Salvation Army feeding resources available
Projected meals/day feeding requirements	Projected meals/day feeding requirements estimated on state mass care conference call
Estimate date/start time of sustained feeding	Discuss on daily mass care conference call and adjust as required.
Estimate date/end time of sustained feeding	Estimate can be derived from the collective judgment of experienced mass care practitioners. Consider restoration of power, opening of restaurants and grocery stores. Extend of residential impacts.
Estimate # of food boxes required for long term feeding.	Estimate 10% of Meals/Day requirement will need to be prepared and distributed over 15 days, beginning on estimated date/time end of sustained feeding.

Reported feeding issues	Reports from voluntary agencies conducting feeding operations.
	Reports from the media

5.4 Information Dissemination

During an area wide emergency or disaster, dissemination of information is essential and timely. In order to provide public information coordination, the OA may open a Joint Information Center (JIC) and manage a Joint Information System (JIS) that provides the mechanism to organize, integrate, and coordinate information to ensure timely, accurate, accessible, culturally inclusive, and consistent messaging across multiple jurisdictions and/or disciplines with nongovernmental organizations and the private sector. The Joint Information System Annex is listed with the Annexes.

5.5 Emergency Public Information, Notification and Communications

Effective initial communication to the public will enhance the efficiency of the overall evacuation and reduce the associated mental and physical strains. The public is often confused by evacuation information and directives and are unable to make informed decisions on their own evacuation. Some people will not know if they are in a hazardous area, will evacuate unnecessarily, or may not know when or how to respond to an order of evacuation. The initial public notification should provide basic information for residents, workers, students, tourists, and others in the area included the considerations detailed in the list below.

- Whether residents should evacuate the area or shelter-in-place. (The areas that need to be evacuated, and references to known geographic features are explained in more detail in the Sacramento Operational Area Alert and Warning Annex.)
- Why and when residents should evacuate
- The time required for evacuation efforts
- The designated transportation and evacuation points and evacuation routes.
- Available transportation options, including accessible transportation options and evacuation routes.
- Belonging's residents should take with them from their homes
- How long the evacuation is expected to last (if known)
- How pets will be accommodated
- Security plans that are in place to protect residential property
- When informational updates will be made available, including where information updates can be found
- Other information deemed appropriate and required before residents evacuate

- What DAFN services are provided at each location

For people relying on transportation points, it is important that information detailing when transportation services will begin and end, transportation point locations, frequency of pick-ups, travel destinations (evacuation points), and what to bring with them is shared and widely available. Information detailing accessible transportation services and pick up locations must be provided in an equitable manner that supports quick evacuation for individuals with DAFN. All communication outreach must be developed and distributed in a variety of formats to ensure accessibility for those with sight and hearing disabilities, and language differences. Means of communication outreach, capability for developing public information and messaging and the strategic approaches to share that information with the public, must integrate cultural inclusivity considerations for both the messaging and methods and means of delivery. This approach should inform all public safety messaging and for mass care should include but is not limited to messages about sheltering sites, mass care and emergency assistance services and locations to receive assistance, evacuation routes and transportation support for evacuation.

5.6 Communicating with Diverse Populations, including Populations with Disabilities, Access, and Functional Needs

Traditional methods of notifications and public information about mass care services may not meet the requirements of people from multiple cultures, limited English speakers, those digitally challenged, and those with disabilities and other access and functional needs, such as those who are blind, have low vision, are deaf or are hard of hearing.

Department of Human Assistance and the Care and Shelter Branch should identify a responsible party within the mass care coordination section as the responsible entity for coordinating with the JIS and sharing a stakeholder informed messaging strategy for information about Mass Care activities. Community stakeholders representing the diverse population groups impacted should be consulted to strategize and identify the most effective and inclusive methods, platforms, and mediums for communicating with high risk/underserved populations, and those with access and functional needs to ensure equitable outreach. As much as possible, notification procedures will accommodate each group, employing a range of methods to ensure that all segments of the diverse population groups are reached with understandable information that motivates and empowers them to act.

As local jurisdictions should establish relationships with public and private agencies that provide home-based care provision services or work with people with disabilities and other access and functional needs regarding evacuation protocols, mass care should align their efforts and coordinate protocols with the same messaging regarding sheltering and other mass care disaster services. Additionally, individuals with access and functional should be engaged by mass care stakeholders support development of relationships with community leaders, neighbors, and friends who may be able to provide support during an emergency.

6. INTER JURISDICTIONAL AND INTER-AGENCY COMMUNICATION

6.1 Initial Notification

For smaller events within the capacity of local jurisdictions, the messaging for shelter activations and open shelters will be initiated through local communication protocols and local public information channels. As detailed in the concept of operations, DHA requests a courtesy notification of any mass care activity through their designated point of contact in Sacramento OES.

6.2 Inter-Jurisdictional Communication

As disasters scale, the need to align messaging is critical. Once the EOC activates, all public messaging about disaster related services should be coordinated through the Joint Information System. Communicating havens of safety to the public in clear, culturally appropriate, accessible and consistent (i.e., non-conflicting) messages is essential for safe evacuations and sheltering operations. All warnings given to the public, whether they receive the message via phones, text messages, traditional or social media, loudspeaker, webpage, or other medium, must be consistent. The County's Joint Information System (JIS) is critical to the coordination of information and a community wide aligned messaging strategy. The Joint Information Center (JIC) will be activated for low-level emergencies so that messages will be effective in supporting orderly evacuations.

7. AUTHORITIES AND REFERENCES

7.1 Authorities

County

Sacramento County Emergency Services Code Chapter 2.46 of the Sacramento County Code
Sacramento OA Agreement, Sacramento County Board of Supervisors Resolution #95-1390

State

California Emergency Services Act, California Code of Regulations, Title 19 Public Safety, Division 2. California Governor's Office of Emergency Services- Chapters 1 through 6,

Chapter 1, Standardized Emergency Management System

Chapter 2, Emergencies and Major Disasters

Chapter 6, Disaster Assistance

California Government Code 3100-3102; Labor Code 3211.92(b).

California, Health and Safety Code, HSC, Division 24 Community Development and Disaster Housing, Part 1.6 Natural Disasters, Chapter 2.

California Government Code, Chapter 7. California emergency services act, Article 6.5. Accessibility to emergency information and services, 8593.3

California Government Code, Chapter 7. California emergency services act, Article 6.5 Accessibility to emergency information and services, 8593.3.5

FEDERAL

Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988, 42 U.S.C.5121 et seq,, as amended.

National Incident Management System

California Emergency Services Act, Title 2. Government of California, Division1. General, Chapter 7.

7.2 References

County

Sacramento County Office of Emergency Services, Emergency Operations Plan, Version1.0, April 2017.

Sacramento County Office of Emergency Services, Operational Area Plan, March 2019.

State

California State Emergency Operations Plan, ESF 6 Annex (currently under revision by California Health and Human Services Agency)

California State Emergency Management (SEMS) Regulations.

CDSS, State Mass Care and Shelter Operations during a Communicable or Communicable Disease Outbreak or Pandemic Environment, June 2020.

CDSS, Mass Care and Shelter Guidance for Local Governments during a Communicable Disease Outbreak or Pandemic, August 2021.

California Master Mutual Aid Agreement.

<<https://www.caloes.ca.gov/LegalAffairsSite/Documents/Cal%20OES%20Yellow%20Book.pdf>Emergency>

National

FEMA Individual Assistance Program and Policy Guide, January 2019

FEMA Emergency Non-Congregate Sheltering during the Covid19 Public Health Emergency 104-009-18 March 2021

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FEMA Commonly Used Sheltering Items and Services Listing (*CUSI-SL*) *Catalog*, 2019.

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Appendix A: Responsible Sacramento County Care And Shelter Agencies, Departments And Organizations

	Human Assistance	Volunteer Services	CalWORKS	Job Programs	General Assistance	Medi-Cal	County Medically Indigent Services Program	Cal Fresh	Foster Care	Emergency Family Shelter	Child Family & Adult Services	Child Protective Services	Senior and Adult Services	Health Services	Behavioral Health Services	Primary Health	Public Health Services	Department of Education	American Red Cross	VOAD
Operational Coordination/EOC Presence	P													S					S	
Sheltering																				
Transit Support																				
Feeding																				
Distribution of Emergency Supplies																				
Reunification																				
Hydration																				
Recovery Transition																				
Temporary Housing																				

Interdependent EOC Functions with Support Capability		
Mass Care Capability or Support Requirement	SUPPORT RESOURCE	EOC Function
Shelter	Transportation (public transport to and from sites)	Law branch/transportation safety/logistics branch
	Security and traffic management at sites	OES, Logistics Branch, Law Branch
	Facilities leases, additional locations	Facilities
	Public health interventions	Health and medical branch
	Health service support	Health and medical branch
	Behavioral health support	Health and medical branch
	Food safety	Health and medical, Environmental Health
	Feeding	Food safety
	Cal fresh	
	DOE- DSNAP and USDA coordination	Agriculture, DOE
	VOAD	Volunteer coordinator
	United way	Donations Coordinator
Emergency supplies	Site security	Law branch
	Route safety	Transportation, planning section, logistics
	Donations	Donations Coordinator
	VOAD	Volunteer coordinator

Reunification	DOE, Law Enforcement, Health and Medical	Care and Shelter
	School Superintendents	Law Branch
	Health Services Department of educations	
Transition to recovery/temporary housing All mass care and emergency assistance services	Health and Behavioral health	Health and medical branch

Appendix B: Mass Care Service Strategies

Mass Care Service Strategies				
Public Safety Support Sites and Care Sites				
TYPE OF SITE	PURPOSE AND DESCRIPTION	BENEFITS	RISKS/CONSTRAINTS	RESOURCES/SUPPORT CONSIDERATIONS
<p>Evacuation Centers</p> <p>Operating cycle- short duration a few hours to no more than 24 hours.</p>	<p>Haven for evacuees. Public Safety.</p> <p>Usually in a fully intact building with power, water and sanitation..</p> <p>Minimal resourcing- usually limited to snacks, food, and power sources to charge devices for access to information.</p> <p>Intended opening cycle- short duration a few hours to no more than 24 hours.</p>	<p>Provides an opportunity for needs assessment.</p> <p>Can be used as an entry point for sheltering or other mass care services.</p>	<p>Should be located out of any impacted areas or areas vulnerable to impacts.</p> <p>Poorly resourced if no alternatives established and centers must continue to provide support beyond the planned operating cycle.</p>	<p>More effectively resourced and managed for notice disasters and events- weather and flooding</p> <p>Power</p> <p>Water</p> <p>Sanitation Facilities</p> <p>Snacks</p> <p>Information Center</p> <p>Transit to additional services</p>
<p>Temporary Evacuation Points</p>	<p>Typically used for wildfire evacuation.</p> <p>Safe location designated by local EM or Incident Commander.</p> <p>During extreme events- locations may only be controlled gathering points in relatively safe areas.</p>	<p>Can assist with traffic control during extremely hazardous events.</p>	<p>Typically, not managed by NGOs.</p> <p>Requires additional staff.</p>	<p>Safety: ingress and egress.</p> <p>Traffic control and management.</p> <p>Ideally, Hardened Structure.</p> <p>Power</p> <p>Water and Sanitation Facilities</p> <p>Information</p>

Mass Care Service Strategies				
Public Safety Support Sites and Care Sites				
	Evacuees receive instruction or direction for their next steps to safety.			
<p>Warming Centers</p> <p>Designated Sacramento sites activate for credible weather forecasts of extremely cold/freezing weather for more than three-day low daytime temps and night temps under 32 degrees.</p>	<p>Short-term emergency shelter</p> <p>Activated when conditions pose a threat to human life or injury or death from exposure to cold.</p>	<p>Safe haven for people who are unhoused or in substandard housing conditions</p>		<p>Heated indoor space with bathroom facilities.</p> <p>Typically run as a collaborative effort between emergency management, human services, NGOs, non-profit and faith-based organizations.</p>
<p>Cooling Centers</p> <p>Designated Sacramento sites activate for credible weather forecasts of extremely hot weather</p>	<p>CDC defines a cooling center or cooling shelter as a location, typically in an air condition or cool building that has been designated as a site to provide respite and safety during extreme heat.</p>	<p>Can be any building with public access that can be cooled.</p> <p>No single group or agency responsible for implementation.</p>		<p>Some counties establish sites outdoors in spray parks, community pools and public parks.</p> <p>Sometimes temporary cools spaces are set up for large scale outdoor event like marathons or outside concerts.</p>

Mass Care Service Strategies				
Public Safety Support Sites and Care Sites				
<p>Local Assistance Centers (LAC)</p> <p>Typically, part of local recovery efforts</p>	<p>One-stop shop with critical services for population impacted by disaster.</p> <p>Can be staffed and supported by local and state agencies as well as other organizations offering support services to population impacted by disaster.</p>	<p>Replacement of lost or stolen id and vital documents.</p> <p>Offers connection to support services.</p>		<p>Not typically considered a mass care site, services offered may support shelter resident access to services that can remove barriers to their individual recovery.</p> <p>Planning for LACs requires coordination and engagement with mass care stakeholders to identify relevant services and support use by shelter residents.</p>
<p>Reception Processing Site (RPS)/ Public Safety Information Point</p>	<p>Interim site along an evacuation route for evacuees during mass evacuations.</p>	<p>Opportunity for assessments and evacuee processing if reassessment or processing necessary for transition to shelter</p>		<p>Evacuee tracking,</p> <p>Canteening or feeding,</p> <p>Household pets,</p> <p>Medical assessment</p> <p>Evacuee communications</p> <p>Shelter assignment and transfer services</p>
<p>Emergency Evacuation Shelters</p> <p>Minimally resourced</p>	<p>Temporary area to wait out a hazard (Storms, Wildfires, climate events)</p>	<p>Requires Less square footage per person</p>	<p>Accessibility is a concern.</p>	<p>Resource requirements increase as operating duration extends</p> <p>Information support, H2O, snacks</p>

Mass Care Services Strategies and Sites				
SHELTERING- General Population Shelters				
TYPE OF SITE	DESCRIPTION AND PURPOSE	BENEFITS	RISKS/CONSTRAINTS	RESOURCE SUPPORT CONSIDERATIONS
<p>Congregate Shelters</p> <p>General Population Shelters Short Term- Less than 2 weeks</p> <p>Long Term- More than 2 weeks</p> <p>Potential sites include Community centers, Community Gyms, Faith Based Organization facility - with classroom, kitchens, showers, toilets</p>	<p>Provides temporary shelter for displaced residents during a disaster</p> <p>Management Options:</p> <p>Government</p> <p>Government managed- partner resourced</p> <p>Government and NGO partner.</p> <p>NGO</p> <p>Independent (Ad Hoc or pop-up not affiliated with emergency management system)</p> <p>Constituent based (i.e., run by an organization for a specified constituency (private company for employees and families, a faith-based organization solely for congregations and family members)</p>	<p>Pre-identified facilities coordinated through whole community stakeholder groups.</p> <p>Can provide residents with a variety of support services during the period they are displaced</p>	<p>Not ideal for extended (over 2 week) stays- privacy, public health</p> <p>The longer sheltering services are sustained the more resource intensive operations become.</p>	<p>Information Hydration</p> <p>Meals</p> <p>Snacks</p> <p>Access to individual recovery services.</p> <p>Sanitation and Hygiene resources.</p> <p>Laundry.</p> <p>Transportation.</p> <p>Access to schools.</p> <p>Health Service Support</p> <p>Behavioral Health Support</p> <p>Solid and Liquid Waste Capacity and disposal plan</p> <p>Medical Waste handling and disposal</p>
<p>Multi-Agency Resources Consideration for Congregate Shelters- State procurement policy compliant contracts for Mass Care support; Direct Federal Assistance; Reimbursement of eligible expenses under Category B Emergency Protective Measures; Local Government (Emergency Management, Law Enforcement, Fire Department, Human Services, Dept. of Health, Dept. of Education) NGO's, faith-based organizations; Transportation contracts (patient transport vans, limo services)</p>				

Mass Care Services Strategies and Sites				
SHELTERING- Non-Traditional Sheltering				
TYPE OF SITE	DESCRIPTION AND PURPOSE	BENEFITS	RISKS/CONSTRAINTS	RESOURCE SUPPORT CONSIDERATIONS
<p>Mega Shelters:</p> <p>Require a unified, multi-agency coordination structure.</p> <p>Open Space Sheltering</p> <p>Tent Sheltering</p> <p>Camper and RV Sheltering.</p>	<p>Widespread threat or impacts increases population at risk or impacted by the disaster or threat.</p> <p>Includes sites not conventionally used for congregate care— ships, tent shelters, temporary camps, temporary prefab buildings, Fairgrounds, Arenas, Municipal Theaters, Convention Centers and adjacent parking areas co-located at those facilities. .</p> <p>Temporary Camps- Max pop. 5000 occupants per site.</p>	<p>Can provide accommodation for large segment of the population</p> <p>Centralizes support requirements for wrap arounds services</p> <p>Reduces logistics support footprint</p>	<p>Operating costs typically higher</p> <p>Requires additional staffing for security: crowd control, etc.</p> <p>Increases challenges for in providing accurate population and service information.</p> <p>Requires a broader scope and expanded scale of internal support and infrastructure resources.</p> <p>Requires detailed accessibility assessment- and planning particularly for mobility device access.</p> <p>If not a hardened facility (temporary camps, campgrounds) ground</p>	<p>Information</p> <p>Hydration</p> <p>Meals</p> <p>Snacks</p> <p>Access to individual recovery services.</p> <p>Sanitation and Hygiene resources.</p> <p>Laundry.</p> <p>Transportation.</p> <p>Access to schools.</p> <p>Health Service Support</p> <p>Behavioral Health Support</p> <p>Increased safety and security resources</p> <p>Requires an increased level of staffing and coordination for sustained operations.</p> <p>Scheduling conflicts with corporate centers, convention centers, arenas and fairgrounds for recurring or scheduled events.</p>

			<p>conditions may deteriorate over time.</p> <p>Requires significant resource coordination and support</p>	<p>Pre-established contracts to streamline activation difficult to obtain.</p> <p>Increased resource requirements for support of diverse populations in congregate facilities</p> <p>Solid and Liquid Waste Capacity and disposal plan</p> <p>Medical Waste handling and disposal</p>
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Mass Care Services Strategies and Sites				
SHELTERING- Non-Traditional Sheltering				
TYPE OF SITE	DESCRIPTION AND PURPOSE	BENEFITS	RISKS/CONSTRAINTS	RESOURCE SUPPORT CONSIDERATIONS
<p>Non-Congregate Shelters</p> <p>Hotels</p> <p>Dorm Style accommodations for</p>	<p>Can be used to mitigate risk of infection and disease spread in a Communicable Disease Outbreak or Pandemic environment.</p>	<p>Reduces risk of Communicable Disease Outbreak or Pandemic and other public health issues</p>	<p>Cost to contract facility and/or rooms</p> <p>Coordinating support for individual spaces creates addition coordination requirements</p>	<p>Assess and identify accessibility of facilities for support of families with pet, individuals with AFN and DI support needs.</p> <p>For open space sheltering- Tent villages, campgrounds, RV and tent support in parking lots. Establish</p>

<p>individuals and family units Hotels</p>	<p>Can be leveraged to decrease risk for populations at greatest risk from exposure or infection.</p> <p>Can be leveraged to improve safety and quality of life for populations with unique needs.</p>	<p>Higher level of privacy for residents</p>	<p>Requires additional resource and transportation support for evacuee populations.</p> <p>Prescheduled events and competing demands (first responders, other disaster responders) may pose availability constraints.</p> <p>Insufficient space options to meet needs of all impacted population may be an issue</p>	<p>registration and resources support protocols.</p> <p>Consider initiating pre-established contracts for sites and support-detailed statements of work should include required human and material resources.</p> <p>Resources and support to maintain local public health and safety standards.</p> <p>Air intake and output consideration for individual spaces.</p> <p>Health and safety measures for sanitation.</p>
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Mass Care Services Strategies and Sites				
SHELTERING				
TYPE OF SITE	DESCRIPTION AND PURPOSE	BENEFITS	RISKS/CONSTRAINTS	RESOURCE SUPPORT CONSIDERATIONS
Shelter-in-place	<p>Extended emergency situations requiring population to remain in their homes</p> <p>Catastrophic scenarios where compromised infrastructure and supply chain disruption require public mediation measures for self-sustainment in structurally sound but damaged residences or locations.</p> <p>Service options:</p> <p>Hub and spoke support service model with or safe public areas and locations. (i.e., businesses, public offices and facilities, open space locations adapted for provision of service).</p> <p>People remain in their location with access to their own resources.</p> <p>Point to point Delivery- service route or delivery to individual residences or other shelter in place locations.</p>	<p>May help mitigate disease transmission for viral infections</p> <p>Supports implementation of social distancing</p> <p>Easiest measure to implement in no-notice events</p> <p>People remain in their location with access to their own resources.</p>	<p>Access to resources</p> <p>May increase safety risks or vulnerability to hazard or event</p> <p>May require evacuation support after immediate threat has passed or is contained.</p> <p>Safe egress routes and support in place if safety conditions change.</p> <p>Requires consideration of public health and public safety risks and appropriate measures and resources to mitigate concerns</p>	<p>Emergency Supplies</p> <p>Commodity Food and Water support</p> <p>Public Health and Medical oversight and messaging</p> <p>Safety and evacuation messaging</p> <p>Consolidated information points for latest information on threat, hazards, public health and public safety concerns.</p> <p>Coordinated strategy for points of distribution or point to point distribution of emergency supplies</p> <p>Access to virtual health service and behavioral health support resources.</p>

			<p>Limited individual access to resources and services</p>	
<p>Shelter in place resources through State and Federal Programs for declared events: FEMA Blue Roof Program; Shelf-stable meals; Potential resources for human resource support at Points of Distribution (POD) and point to point distribution: NGO's, Community Emergency Response Team (CERT), National Guard, Civil Air Patrol (CAP), Transportation Security Administration (TSA), AmeriCorps and FEMA Corps, Federal mission assignments; contracts for Crisis counseling and mental health services</p>				

Mass Care Services Strategies and Sites				
FEEDING				
TYPE OF SITE	DESCRIPTION AND PURPOSE	BENEFITS	RISK/CONSTRAINTS	RESOURCE SUPPORT CONSIDERATIONS
Fixed Feeding	<p>Venues that provide meals at scale to large populations</p> <p>Food service delivered from a stationary location. A fixed feeding site may also be a permanent facility, such as a church or school that may be used as a shelter.</p>	<p>Meals distributed at fixed locations like shelters, community centers or Disaster Assistance Centers efficient method of reaching a large number of people</p>	<p>Challenges in maintaining food safety standards, difficult to coordinate options for diverse population needs</p>	<p>Catering agreements, food service contracts, NGO agreements or other methods of securing service.</p> <p>Deploying field kitchens is resource intensive and set up time can take up to 96 hours.</p> <p>As restaurants reopen decisionmakers must balance economic impacts on local business with needs of affected residents.</p>
Mobile Feeding	<p>Meals delivered by vehicle to impacted areas</p>	<p>Meals distributed in neighborhoods or along designated routes. Provides convenience for residents conducting repairs and clean up if grocery stores</p>	<p>Challenges in maintaining food safety standards, difficult to coordinate options for diverse population needs</p> <p>Providing equitable service on diverse routes can be challenging</p>	<p>See above</p> <p>AND</p> <p>Providing equity of service to all impacted neighborhoods, particularly those from diverse cultures and those socio-economically challenged, and geographically remote areas can be challenging.</p>

		and restaurants are impacted		
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Mass Care Services Strategies and Sites				
DISTRIBUTION OF EMERGENCY SUPPLIES				
TYPE OF SITE	DESCRIPTION AND PURPOSE	BENEFITS	RISK/CONSTRAINTS	RESOURCE SUPPORT CONSIDERATIONS
Mobile Distribution: Community Routes	<p>Delivery of emergency supplies using a van, truck, or other vehicle on a designated route to reach neighborhoods affected by the disaster.</p> <p>Utility (power or water) disruption</p> <p>Commercial supply chain disruption of private sector food systems (grocery) and household items.</p> <p>Significant impacts and large concentration of population returning to impacted area conducting clean up and restoration on their property (typically post windstorm and/or flooding events)</p>	Accessible to those without means of transportation	<p>For large-scale disasters, it is difficult to guarantee service to all disaster survivors.</p> <p>This may not be an optimal delivery method in urban areas, given limited access to survivors in high rises. Security and safety of mobile teams.</p>	
Mobile Distribution Household	<p>Delivery of emergency supplies directly to residents' homes, often when sheltering in place for Communicable Disease Outbreak or Pandemic or Chemical, Biological,</p>	Accessible to those without means of transportation	Significant manpower and knowledge of specific household needs required.	

	<p>Radiological, Nuclear, and Explosives (CBRNE) type events. May be necessary in urban areas to reach survivors in high rises with no power.</p>		<p>Health and safety concerns for distribution staff.</p>	
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Mass Care Services Strategies and Sites				
DISTRIBUTION OF EMERGENCY SUPPLIES				
TYPE OF SITE	DESCRIPTION AND PURPOSE	BENEFITS	RISK/CONSTRAINTS	RESOURCE SUPPORT CONSIDERATIONS
Fixed Site Distribution: Pedestrian Walk-Up	<p>Delivery of emergency supplies from a fixed location such as a community center, school, or church. Distribution may be provided from inside the building or outside, such as from under a tent or from the back of a vehicle.</p> <p>Walk-up sites allow for personal contact with the survivors.</p>		<p>Limits amount of product that can be transported by disaster survivors.</p> <p>In addition to actual distribution area, requires sufficient parking, with ingress and egress.</p> <p>Sites can become crowded with long lines.</p>	
Fixed Site Distribution: Drive-Through	<p>Delivery of emergency supplies from an open area at a fixed location such as a parking lot.</p> <p>Drive-up sites are best when a large volume of disaster survivors is expected to arrive in vehicles. However, available parking is limited to encourage the quick and continuous distribution of supplies as vehicles move through the site.</p>		<p>Does not allow for personal interaction with disaster survivors.</p> <p>Sites can cause traffic control issues.</p> <p>Disaster survivors must have access to a vehicle.</p>	

POINT DISTRIBUTION TO SHELTERS OR LACs	Delivery of supplies to shelter residents, in coordination with sheltering efforts, as part of long-term sheltering during large scale disasters.		Open access may attract non-shelter residents to shelters, possibly overwhelming the shelter. Limited storage capacity for shelter residents to secure items.	
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Mass Care Services Strategies and Sites			
REUNIFICATION			
Methodology	DESCRIPTION AND PURPOSE	RISK/CONSTRAINTS	RESOURCE SUPPORT CONSIDERATIONS
Access to Reunification Systems	<p>Access to communication channels using telecommunications and internet services.</p> <p>Provides opportunities to connect family members and loved ones via email, social media, emergency reunification software applications and formal reunification systems</p>	<p>Electronic systems may not be available.</p> <p>Need to prioritize EMS and first responders may delay access for displaced population and their loved ones and family members.</p>	<p>Establish protocol for manual registration upload once in areas where service is available</p> <p>Prioritize EMS and first responders</p>
Physical Reunification	Reuniting geographically separated family members through:	Privacy and Information sharing concerns.	

	Identifying missing children, reuniting unaccompanied minors with their parents/guardians, assisting displaced families and individuals who are safe and in communication but require assistance to travel to a safe location.	Special consideration for risks and safety of unaccompanied minors, seniors and individuals with unique special needs including cognitive and behavioral support. Resources for support of travel to safe location	
Emergency Welfare Inquiries	Direct service for critical situations including people with serious, pre-existing health, behavioral health, disability integration or access and functional support needs. Resources can be directed to locate the missing family member and to assist with direct communication between the displaced person and their support resources.	Privacy and Information sharing consideration. Degree of Infrastructure damage (e.g., communication, transportation access). Qualified staff to meet service needs- must understand protocols to mitigate personal safety risks and privacy considerations for displaced individuals.	Identification of protocols and resources to provide support for direct welfare inquiries and follow-on actions for reunification. Red Cross may be able to provide resources (material and human) in support of welfare inquiries
Reunification of the Missing, Injured, or Deceased with Families	Support reconciliation of reports of missing, injured, and deceased persons information reported in multiple reunification systems, evacuation tracking systems, registries, social media, and other information sources.	Effectiveness is dependent on level of pre-disaster coordination among participating agencies/organizations Limitations of existing systems for data storage and sharing among agencies.	Consider identification or development of a single shared technological resource, such as a common database or adapted system used for reporting, that is shared among qualifying agencies who can maintain standards to address privacy and safety concerns for displaced individuals.

	<p>Coordination among reunification operations and health/social service systems (e.g., hospitals, nursing homes, assisted living, Departments of Aging/Disabilities) to encourage patients/clients to register in reunification systems.</p> <p>Does not include notifying families of fatalities.</p>	<p>Lack of methodology for reconciliation of information collected in disparate systems.</p> <p>PII and HIPAA considerations for patients and fatalities may restrict information sharing and require additional consideration.</p>	<p>Pre-disaster: Establish aligned understanding of PII storage and information sharing limitations between supporting agencies and organizations.</p>
<p>Reunification or Missing Persons Call Center</p> <p>This method should not include notification to families of disaster related fatalities.</p> <p>Call centers can relieve dispatch center call volume.</p>	<p>Call center – either physical site location in or near the area or a virtual center managed remotely.</p> <p>Call center staff operate via accessible well-publicized single website or app address and/or a toll-free telephone number</p> <p>Staff supporting App, web-based system or call center field inquiries for missing individuals using an established risk and safety protocol compliant system. .</p>	<p>Redundancy of effort if multiple organizations setting up call centers without prior coordination.</p> <p>Providing call center information</p> <p>Lack of a common systems to reconcile and analyze information including missing persons, patient locations, and fatalities.</p>	<p>The NCMEC can establish the National Emergency Child Locator Center at the request of a State to FEMA after a Presidentially-declared disaster.</p> <p>For locally generated systems- Staff with qualified personnel and provide just in time training for call protocols to preserve safety and welfare of individuals displaced by the disaster.</p>

<p>Reunification Multi-Agency Coordination Center (R-MACC) and Reunification Coordination System (RCS)</p>	<p>An R-MACC co-locates supporting agencies and organizations involved in reunification operations.</p> <p>Purpose: facilitate information sharing and to streamline operations.</p> <p>Typically established at the state level. Includes local/State/Federal emergency management (Mass Care), law enforcement, fatality management, health and social services, non- governmental organizations, mental health resources, household pets and services animal reunification, and others</p> <p>May also include a reunification and or missing persons call center.</p> <p>Reunification Coordination System (RCS) is the process used by supporting agencies and organizations for reunification services.</p>	<p>Lack of common definitions and coordination of processes among reunification service providers.</p> <p>Lack of a coherent organizational structure and assignment of responsibilities.</p> <p>Limited resources and staff needed to stand up an R- MACC.</p>	
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	A national R-MACC consists of national organizations with reunification expertise, systems and tools may be implemented at the request of a State and, potentially, in a multi- State catastrophic incident.		
Family Assistance Center (FAC)	Family Assistance Centers (FAC) are established to provide individual assistance services, including reunification. May established and used exclusively for fatality management activities.	News media focus may impact privacy of survivors if family members are supported at a facility or site location and its location becomes public.	Transportation resources for Funding for survivors/family members to FAC.

MASS CARE SERVICE STRATEGIES AND SITES			
ADDRESSING COMMUNICABLE DISEASE OUTBREAK OR PANDEMIC RISKS			
<p>To reduce the risk of Communicable Disease Outbreak or Pandemic in Communicable Disease Outbreak or Pandemic environments planning assumptions and required resources for risk mitigation resources, nonpharmaceutical intervention measures, health and safety resources and allotted sq. feet per person factors all increase.</p> <p>Resource shortfalls of necessary resources for health and safety measures may require additional coordination and support between emergency management, mass care providers and public health authorities</p> <p>May require additional planning and support for diverse populations in shelters.</p>			
<p>Communicable Disease Outbreak or Pandemic Considerations- Resources</p> <p>Masks, Additional sanitation supplies, Health Screening</p> <p>Single-serve box meals.</p> <p>Space requirements per individual</p>			

increases from 60 sf per person to 110 sf per individual

Service space requirements for dining and meal service also increase to implement social distancing measures

Additional adaptation and resources for dividing public use space, additional hand washing stations, planning to reduce contact during meal service and dining. (Additional detailed information throughout this annex)

Consider expanding site selection to Department of Education affiliated independent school health, physical education and recreation spaces to meet population with Access Functional Needs and Disability integration support needs.

Implement targeted recruiting and just in time training to increase human resource support to meet unique needs of diverse populations.

Appendix C: Accessibility Tools For Care And Shelter Sites

General Accessibility Considerations for Care and Shelter Sites

Individual Accommodations	
<p><i>Once people are safely registered in a shelter an assessment of need for the services listed in the two boxes immediately below this one should be conducted, and any other needs should be assigned for action by the Health Services leader assigned to the shelter.</i></p>	
<ul style="list-style-type: none"> • Replacing essential prescribed medications • Obtaining essential durable medical equipment (DME) and essential consumable medical supplies (CMS). • Maintaining independence (personal assistance with activities of daily living, older adult non-acute medical and chronic conditions, etc.) • Providing support to individuals with cognitive limitations • Providing interpreters and other communication support t hearing and visual impairments, language/cultural, etc.) 	<ul style="list-style-type: none"> • Providing assistance to individuals who have conditions that affect mobility • Providing assistance to individuals with chronic but stable respiratory conditions (heart disease, asthma, emphysema, allergies, etc.) • Providing assistance to individuals with temporary limitations (post-surgery, accident injuries, pregnancy, etc. • Management and coordination of processes
Integrated Physical Accessibility Layout Considerations	
<ul style="list-style-type: none"> • Entrances • Permanent or temporary ramps • Bathing facilities (showers) • Toilets • Hygiene stations • Drinking fountains • Back-up power supply • Appropriate electrical outlets • Privacy screens 	<ul style="list-style-type: none"> • Sleeping space (not segregated butstrategically placed) • Dining area • Designated area for religious worship • Health care area • Recreation area • Service animal relief and exercise area • Household pet exercise area (optional)
Program Accessibility Considerations	

<ul style="list-style-type: none"> • Childcare • Personal Assistance Services (PAS) • Interpreters • Transportation • First aid • Household pets care 	<ul style="list-style-type: none"> • Computer capability • Wi-Fi • TTY telephone capability • Video Relay Interpreting (VRI) • Large print boards • Print and video information in alternateformats
<p>Accessibility Support Resources (generate logistics requests)</p>	
<ul style="list-style-type: none"> • Consumable Medical Supplies (CMS) • Medications • Catheters • Wound dressing supplies • Incontinence supplies • Oxygen • Feeding tube supplies 	<ul style="list-style-type: none"> • Durable Medical Equipment (DME) • Portable ramp • Shower chair • Raised toilet seats • Crutches • Folding white canes • Regular and quad canes • Oxygen tanks • Power wheelchair/assistive devicebattery chargers • Bariatric equipment
<ul style="list-style-type: none"> • Mobility Aids • Small, average, and extra-largewheelchairs • Scooters • Lifts • Transfer boards • Universal accessibility cots • Walkers 	<ul style="list-style-type: none"> • Infant/Toddler requirements (formula,baby food, cribs, diapers, etc.) • Supplies to meet the needs of people with allergies and chemical sensitivities • Recreational supplies (toys, books, magazines, TV with closed captioningcapability, basketballs, etc.)
<p>Feeding</p>	
<ul style="list-style-type: none"> • Hydration (water, milk, coffee, etc.) • Snacks • Hot meals • Reduced-sodium, low-fat, sugar, dairy, gluten free meals 	<ul style="list-style-type: none"> • Special dietary requests including culturally sensitive meals (diabetic, reduced sodium, etc.) • Household pet and service animal food • Health Dept. certified kitchens • Flexible schedules to accommodate dietary needs

Transportation	
<ul style="list-style-type: none"> • Paratransit buses • Paratransit vans 	<ul style="list-style-type: none"> • Vehicles that are lift-equipped and/or ramped with wheelchair tie-downs • Vehicles with brackets to secure oxygen cylinders

Accessibility Assessment Tools for shelters

CDC Recommended Accessibility Resources for Congregate Shelters

Accessible Cots

Height – 17 – 19” (without mattress)

width – minimum 27”

weight capacity – 350+ pounds.

Flexible head and feet positions.

Rails, if any, must be positioned, or moveable, in such a way to allow for wheelchair access. No IV pole

Toilet chairs	Wheelchairs (multiple sizes)	TTY equipment
Raised toilet seats	Wheelchair battery chargers	Wireless communication devices
Shower chairs	Walkers	Visual translators (picture, symbols & words)
	Walking canes	Magnifiers
	White canes for the blind (46”-60”)	Hearing aids (batteries)
	Crutches	Height adjustable tables

Accessible and Integrated Sheltering Management Checklist

Everyone working in a shelter in the Sacramento OA should be familiar with these considerations. The Checklist can be used as a quick refresher tool for shelter managers working in the OA to use for job inductions for all assigned staff. It can also be used by OA Care and Shelter Branch team members when visiting active sites to determine if shelters need support in maintaining the OA standards for equity and Inclusion. In addition to the checklist items on the next few pages. Table B of this section provides an assessment checklist for site visits. This tool is hosted on the National Mass Care Strategy Website. Additionally, the Care and Shelter Branch Lead EOC Desk Guide contains an American Red Cross Facility Checklist with similar considerations.

individuals with disabilities or access and functional needs are housed in the general population area of the shelter.

When determining the best arrangement for sheltering individuals with disabilities or access and functional needs have a dialogue with each individual.

Consideration is made on an individual basis – remember no two persons are the same – and that their preference

for assistance is given priority, whenever possible.

Assessing Access and Functional Needs

Below are some considerations to make when assessing the needs, determining an appropriate destination and planning for sheltering individuals with disabilities or access and functional needs:

- A variety of accessible cots should be available including raised cots, bariatric cots and cots with side rails.
- Some non-vocal people are still capable of thinking and making their needs known. Shelter staff must be aware, patient and creative.
- Avoid using outdoor areas that are muddy, sandy, or covered by thick grass.
- Shelter personnel should know how to use the California Relay Service to make and receive phone calls with hearing and speech impaired individuals.
- Permit people with mobility impairments the option of going to the head of long lines.
- Train staff to know how to contact sign language interpreters, independent living centers and mental health providers.
- Train staff about the difference between the medical model and the independence model of disability.
- Train staff not to see individuals with disabilities or access and functional needs as automatically needing medical services.
- Shelters should have information about accessible transportation resources.
- Stock writing tablets and pencils for hearing impaired people to use.

General Population Sheltering

Description: Individuals who are able to meet their own needs, have a reliable caretaker(s) or can, with some assistance from volunteers, have their medical needs met.

Examples:

- Mobility impairments/self-ambulating, with or without durable medical equipment
- Wheelchair user
- Blind/low vision, with or without service animal
- Deaf/hard of hearing
- Developmentally disabled

- Medically stable requiring minimal monitoring (i.e., blood pressure monitoring)
- Oxygen dependent: has own supplies (if facility is capable of supporting)
- Feeding occurs through a tube
- Chronic condition controlled by self-administered medications
- Has own supply of medications/supplies
- Bedridden but stable and able to swallow
- Alzheimers/Dementia, or other cognitive disorders, that are accompanied by a caretaker
- Incontinent; requires regular catheterization or bowel care

Cal OES and CDSS Support Resources for Accessibility Quality Assurance and Support

Assessments/Services

The California Department of Social Services (CDSS), in collaboration with OAFN, Western University of Health Sciences, the American Red Cross and the California Specialized Training Institute (CSTI) developed a program called the Functional Assessment Service Teams (FAST). FAST provides staff trained to conduct a functional assessment of facilities and survivors with disabilities or access and functional needs as they arrive at shelters. The assessment also evaluates the essential functional needs that can be supported within the general population area of a given shelter. FAST may be deployed as shelters are opened and remain in the shelters until it is determined that they are no longer needed. FAST will transfer to other shelters as needed or requested.

Functional Assessment Services Team

FAST consists of trained government employees and community- based organization (CBO) and non- governmental organizations (NGO) personnel ready to respond and deploy to disaster areas to work in shelters. FAST members must have in-depth knowledge of the populations they serve, their needs, services and resources including housing, benefit programs and disaster aid programs. FAST will work side-by-side with shelter personnel and other emergency response workers to assist in meeting essential functional needs so people can maintain their independence during disasters and emergencies. FAST frees other emergency resources to focus on emergency incidents rather than on mitigating complications.

FAST members have experience in the following areas:

- Older adults (services/supports, including dietary needs)
- Chronic health conditions
- Developmental disabilities
- Other cognitive disabilities (i.e., Traumatic Brain Injury (TBI))
- Hearing loss

- Mental health disabilities
- Physical disabilities
- Vision loss

Requests for assistance from the State for FAST occurs through the SEMS/NIMS process and partner agencies will be mission tasked through CDSS and OAFN. It is recommended that local governments establish agreements with organizations in their community to ensure teams can be rapidly deployed to shelters. For further information on general sheltering visit CA Department of Social Services or Emergency Medical Services Authority for information regarding sheltering individuals with medical needs.

TABLE B: Shelter Site Visit: Resource Needs Assessment Checklist							
Visit Information				Shelter Data			
Visit Date:				Shelter Name:			
<input type="checkbox"/> Initial Visit or <input type="checkbox"/> Follow-up Visit				NSS Number:			
Event:				Current Population:			
Shelter Contact Information							
Shelter Manager:		Telephone Number:		Shelter Address (include City, County and Zip)			
Alternate POC: Telephone Number:							
Facility Manager:		Telephone Number:					
24/7 Contact Number:							
Additional Shelter Information							
Is shelter listed in NSS?				Please describe any non-traditional features on site (i.e., pet shelter, tent/RVs, other describe):			
If not, will shelter be listed in NSS?							
Shelter Type: <input type="checkbox"/> ARC Manage <input type="checkbox"/> ARC Supported <input type="checkbox"/> Independent				Facility Type: <input type="checkbox"/> School <input type="checkbox"/> Arena <input type="checkbox"/> Community Center			
<input type="checkbox"/> Other (describe):				<input type="checkbox"/> Other (describe):			
How long is the facility available?							
Please answer all of the following questions by circling the status (Yes, No, Unknown/Not Applicable). Note additional information in the Comments section on page 3. For information on forecasting required resources, use the Forecasting Chart (FC) on page 4 or the Shelter Guidance Aid and Shelter Staffing Matrix (M).							
Human Resources				Facility continued			
Adequate # of staff available? (See M)	Yes	No	Unk/NA	Indoor signage adequate?	Yes	No	Unk/NA

TABLE B: Shelter Site Visit: Resource Needs Assessment Checklist						
Facility's staff onsite?	Yes	No	Unk/NA	Outdoor signage adequate?	Yes	No Unk/NA
Partner agency staff present?	Yes	No	Unk/NA	Shelter rules posted?	Yes	No Unk/NA
				Shelter schedule posted?	Yes	No Unk/NA
Free of structural damage?	Yes	No	Unk/NA	Registration area size/location adequate?	Yes	No Unk/NA
Security available? Who?	Yes	No	Unk/NA			
Potable water available?	Yes	No	Unk/NA			
Hot water available?	Yes	No	Unk/NA	Adequate vehicle parking available?	Yes	No Unk/NA
Ventilation adequate?	Yes	No	Unk/NA	Accessible parking available/adequate?	Yes	No Unk/NA
Space per person adequate? (See FC)	Yes	No	Unk/NA	RV parking permitted on site.	Yes	No Unk/NA
Free of pests and mold?	Yes	No	Unk/NA	Public transportation including accessible transportation available?	Yes	No Unk/NA
Level of cleanliness acceptable?	Yes	No	Unk/NA	Transportation by partner agency available?	Yes	No Unk/NA
Normal electrical supply operational?	Yes	No	Unk/NA			
Is generator in use?	Yes	No	Unk/NA			
Indoor temperature adequate?	Yes	No	Unk/NA			
Heating available if needed?	Yes	No	Unk/NA	Health staff on-site?	Yes	No Unk/NA
Air conditioning available if needed?	Yes	No	Unk/NA	Mental health staff on-site?	Yes	No Unk/NA
# Of toilets adequate? (See FC)	Yes	No	Unk/NA	Registered sex offender(s) on-site?	Yes	No Unk/NA
# Of showers adequate? (See FC)	Yes	No	Unk/NA	Law enforcement notified?	Yes	No Unk/NA
# Of hand washing stations adequate?	Yes	No	Unk/NA	Alcohol/drug/gang/violence weapon issues?	Yes	No Unk/NA

TABLE B: Shelter Site Visit: Resource Needs Assessment Checklist									
(See FC)									
Cleaning supplies available?	Yes	No	Unk/NA	If yes, please describe:					
Sewers/septic available and functioning?	Yes	No	Unk/NA						
Visit Information				Shelter Data					
Refrigerator(s) available?	Yes	No	Unk/NA						
Fire alarm present?	Yes	No	Unk/NA	Facility walkways accessible?	Yes	No	Unk/NA		
Fire sprinkler system present?	Yes	No	Unk/NA	Showers accessible?	Yes	No	Unk/NA		
Waste/garbage disposal adequate?	Yes	No	Unk/NA	Toilets accessible?	Yes	No	Unk/NA		
# Of garbage cans adequate?	Yes	No	Unk/NA	Private screening areas available?	Yes	No	Unk/NA		
Cots meet access and functional needs?	Yes	No	Unk/NA	Food preparation occurring on-site.	Yes	No	Unk/NA		
Universal signage posted?	Yes	No	Unk/NA	Meal delivery consistent?	Yes	No	Unk/NA		
Durable Medical Equipment (DME) available?	Yes	No	Unk/NA	Safe food storage space on-site?	Yes	No	Unk/NA		
Consumable Medical Supplies (CMS) available?	Yes	No	Unk/NA	Snacks/water available on-site?	Yes	No	Unk/NA		
Commonly Used Shelter Items (CUSI List) needed?	Yes	No	Unk/NA	Infant feeding supplies adequate?	Yes	No	Unk/NA		
Personal Assistance Services (PAS) needed?	Yes	No	Unk/NA	Special & cultural diets provided?	Yes	No	Unk/NA		
PAS contract activated?	Yes	No	Unk/NA	Coolers available?	Yes	No	Unk/NA		
Service animals on-site?	Yes	No	Unk/NA	Clean ice available?	Yes	No	Unk/NA		

TABLE B: Shelter Site Visit: Resource Needs Assessment Checklist							
Veterinary care available?	Yes	No	Unk/NA	Dishwashing facilities available?	Yes	No	Unk/NA
Animal food/supplies on-site?	Yes	No	Unk/NA	Kitchen/food prep area is clean?	Yes	No	Unk/NA
Animal relief area identified?	Yes	No	Unk/NA	Partner meal provider:			
Unaccompanied minors on-site?	Yes	No	Unk/NA				
Diaper changing area available?	Yes	No	Unk/NA	Food-safe cleaning supplies available?	Yes	No	Unk/NA
Breastfeeding area identified?	Yes	No	Unk/NA	Serving supplies adequate?	Yes	No	Unk/NA
Childcare staff/partner on-site?	Yes	No	Unk/NA	Other (please note any needs):			
Safe childcare area identified?	Yes	No	Unk/NA				
Safe toys provided?	Yes	No	Unk/NA				
Hygiene plan for toys in place?	Yes	No	Unk/NA	Communication			
				Staff phone/charger available?	Yes	No	Unk/NA
				Facility phone available for use?	Yes	No	Unk/NA
				Client phone/charger available?	Yes	No	Unk/NA
# Of cots adequate? (See FC)	Yes	No	Unk/NA	Internet access available on-site?	Yes	No	Unk/NA
Number:				Computers available on site?	Yes	No	Unk/NA
# Of blankets adequate? (See FC)	Yes	No	Unk/NA	Number:			
Number:				Language translation services available?	Yes	No	Unk/NA
# Of Comfort Kits adequate? (See FC)	Yes	No	Unk/NA	List languages needed:			
Number:							
# Of towels adequate? (See FC)	Yes	No	Unk/NA	On-site Sign language services available?	Yes	No	Unk/NA
				Remote Sign language services available via internet?	Yes	No	UNK? NA
Number:				List sign languages needed:			
Pillows provided?	Yes	No	Unk/NA				
Number:				TV available for use?	Yes	No	Unk/NA
Toilet paper supplies adequate.	Yes	No	Unk/NA	TV has closed captioning capability?	Yes	No	Unk/NA

Appendix D: Mass Care GIS And Web-Based References

SACRAMENTO OA

Mass Care Sheltering Mapping APP, **OES Evacuation Zones, Sacramento County Open Data site**
https://data.saccounty.net/datasets/35e3408315e742d89a81ffd7189847b8_0/explore

Mass Care Sheltering Mapping App, **Locations of opens space areas and county parks facilities Regional Parks Viewer**, Your Sacramento County Parks, Sacramento County Open Data site
<https://sacramentocounty.maps.arcgis.com/apps/webappviewer/index.html?id=473d8a66b49243e1aa3732a4bdbd6936>

Mass Care Feeding Mapping App, **EMD Food Facility Inspection**, lists all inspected restaurants and food production sites in the OA, potentially useful for Larger Disasters.
<https://sacramentocounty.maps.arcgis.com/apps/webappviewer/index.html?id=e4672aa3c6e94372a0df830b03eba040>

Mass Care- all activities Sacramento Municipal Utility District Outage Map & Rotating Outage Map
<https://www.smud.org/en/Customer-Support/Outage-Status>
<https://www.smud.org/en/Customer-Support/Outage-Status/Rotating-outage-map>

STATE

Mass Care – all activities

Cal OES Access and Functional Needs Viewer, A GIS based tool to assist emergency managers in identifying, locating and deploying access and functionals (AFN) related assets and resources during all phases of emergency management. AFN refers to individuals who are/or have: Physical, Developmental or Intellectual Disabilities, Chronic Conditions or Injuries, Limited English Proficiency, Older Adults, Children, Low Income, Unhoused and/or transportation disadvantaged (i.e., Dependent on Public Transit)
<https://www.caloes.ca.gov/cal-oes-divisions/access-functional-needs/oafn-web-map>

Mass Care- all activities **CDSS Disaster Services Branch Website**. Overview of CDSS's role in disasters and listing of their disaster related programs. Links to FAST, VEST and CDSS Planning Documents
<https://www.cdss.ca.gov/inforesources/disaster-services-branch>

Mass Care Operational Coordination **CAL FIRE statewide fire map**, requires username and password,
<https://www.fire.ca.gov/imapdata/index.html>

Mass Care Operational Coordination **CalFresh Healthy Living GIS Map Viewer**, a product of Cal Fresh, California Department of Public Health the Map Viewer developed in 2021 by the Nutrition Policy Institute for the Nutrition and Obesity Prevent Branch of CDPH. Provides a variety of human service program facility and data related layers in a single convenient Map Viewer.

<https://www.arcgis.com/apps/webappviewer/index.html?id=ae1c184e6901437099aa457c099f7423>

Mass Care- all activities **The California Healthy Places Index** (HPI) Public Health Alliance of Southern California (Alliance) and Virginia Commonwealth University's Center on Society and Health tool to explore conditions that change life expectancy. 25 community characteristics combined for a single indexed HPI score. HPI scores for each census tract can be compared across the state to paint an overall picture of health and well-being in each neighborhood in California. Indicators for assessment include Economic, Education, Transportation, Social, Neighborhood, Clean Environment, Housing, Healthcare access.

<https://map.healthylivesindex.org/>

Vulnerable Populations: Licensed Residential Elder Care Facilities.

<https://data.ca.gov/dataset/community-care-licensing-residential-elder-care-facility-locations>

NATIONAL

Mass Care Operational Coordination **FEMA, Resilience Analysis and Planning Tool**, The Resilience Analysis and Planning Tool (RAPT) is a geographic information systems (GIS) tool to help emergency managers and community partners at all GIS skill levels to visualize and assess potential challenges to community resilience. Supplies multiple data layers for mass care plans. Infrastructure information drawn from the Homeland Infrastructure Foundation-Level Data (HIFLD)1 Subcommittee, such as fire station and hospital locations.

Hazards such as real-time weather layers from the National Oceanic and Atmospheric Administration (NOAA), and historic tornado/hurricane tracks.

Risk information from the National Risk Index on the estimated annualized frequency of 15 natural hazards, including coastal flooding, drought, earthquake and wildfire. • The 20 Community Resilience Indicators identified in the Community Resilience Indicator Analysis:

County-Level Analysis of Commonly Used Indicators from Peer-Reviewed Research: 2020 Updates (CRIA) conducted by FEMA and Argonne National Laboratory. All 20 indicators include county data: 12 also include census tract data. Tribal census data is also included in RAP

<https://fema.maps.arcgis.com/apps/webappviewer/index.html?id=90c0c996a5e242a79345cdbc5f758fc6>

Mass Care Operational Coordination/sheltering- **Homeland Infrastructure Foundation Level Data** (HIFLD) The layer contains shelter facilities for the Homeland Infrastructure Foundation Level Data (HIFLD) database. The National Shelter System feature layer contains facilities that can house individuals in the event of an issued evacuation for the facilities area. This layer's attribution contains physical, demographic, and capacity information for facilities in the continental United States and some of its territories. The purpose of this layer

is to provide accurate locations for a potential shelter in the event of a disaster. The facilities included have been designated as a Shelter by either the Federal Emergency Management Agency (FEMA) or the American Red Cross (ARC). THIS LAYER SHOULD NOT BE USED TO DETERMINE THE OPERATIONAL STATUS OF A FACILITY DURING AN ACTIVE EMERGENCY. Coordinate with your local Red Cross to integrate their National Shelter System mapping application into your Common Operating Platform.

<https://hifld-geoplatform.opendata.arcgis.com/datasets/geoplatform::national-shelter-system-facilities/about>

The **National Mass Care Strategy Website**, the website provides a centralized location for updated planning guidance, doctrinal updates, Red Cross best practices, Red Cross Standard Procedures and Job Aids and series of Mass Care Activity Plan Templates- state level- but easily adapted for county and local jurisdiction use.

<https://nationalmasscarestrategy.org/>

CDC Control and Prevention Website, **Natural Disasters and Severe Weather page**, provides guidance and tools for a variety of hazards. Intervention measures, mitigation protocols and guidance for a variety of response activities.

https://www.cdc.gov/disasters/covid-19/disasters_severe_weather_and_covid-19.html

Appendix E: Mass Care Emergency Assistance Communicable Disease Outbreak or Pandemic Planning Considerations

Purpose, Scope, Situation, Assumptions

Purpose: This Document provides planning considerations for local jurisdictions that are responding to a Communicable Disease Outbreak or Pandemic or responding concurrently to a Communicable Disease Outbreak or Pandemic with a natural, technological, or human caused disaster. In a Communicable Disease Outbreak or Pandemic environment, congregate shelters for mass care are not a preferred course of action. When congregate sheltering cannot be avoided, jurisdictions should work closely with and follow the guidance of the CDC and their local and state public health departments. The guidance of public health officials should inform all aspects of mass care activities conducted in a Communicable Disease Outbreak or Pandemic environment.

Scope: The scope of this document addresses mass care and emergency assistance functions and their planning conditions during a pandemic or Communicable Disease Outbreak or Pandemic environment.

Situation: Provision of Congregate Mass Care services in a Communicable Disease Outbreak or Pandemic or pandemic environment requires adapting or changing traditional service delivery methods to mitigate the risks of transmission and infectious spread disease. Social distancing measures and other non-pharmaceutical measures recommended by the CDC and adopted by public health authorities at multiple levels will require additional space and distancing measures in mass care facilities to mitigate the risk of disease spread. Local Public Health Officials in consult with local emergency managers should assess the risks, constraints, and benefits of congregate or non-congregate shelters to address the sheltering needs of population displaced by disaster or threat of disaster. Congregate shelters may be unavoidable in areas where large populations require mass evacuation to preserve life safety. Non-congregate shelters may be required for evacuations, impacts from disaster and the recovery period following the disaster. In both non-congregate and congregate sheltering settings, close coordination between local public health authorities and emergency managers and the organizations responsible for providing shelter is required before, during and after sheltering operations.

CDSS has endorsed the use of Temporary Evacuation Points as a recommended method to safely direct impacted residents from a centralized meeting point to an assigned sheltering location during disasters.

The most current mass care communicable disease outbreak or pandemic planning resources, including the job aid that informs this appendix, are now available and can be accessed on the National Mass Care Strategy website.

Additional California specific resources are available through CDSS and are highlighted in their Mass Care and Shelter Guidance for Local Governments During a Communicable Disease Outbreak Annex, August 2021 cited in the Authorities and Reference section of this Appendix. While this appendix some of the planning and strategic considerations highlighted in that reference- the document is an invaluable reference for tactical considerations for operations at both congregate and non-congregate sheltering sites. That reference should inform an understanding of tactical requirements at mass care sites for planners with responsibility for developing jurisdictional mass care plans.

Planning Assumptions: Delivery of mass care and emergency assistance should integrate unique health and safety planning requirements provided by Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC), California Department of Public Health and local public health authorities.

Communicable Disease Outbreak or Pandemic Planning Assumptions	
Operational Constraints in a Communicable Disease Outbreak or Pandemic Environment	Mass Care during Concurrent Communicable Disease Outbreak or Pandemic and Large-Scale Disaster
<p>CDSS currently recommends plans for universal masking of all workers and impacted survivors in shelters regardless of COVID-19 vaccination status. See their 0821 Mass Care and Shelter Guidance for Local Governments During a Communicable Disease Outbreak or Pandemic.</p>	
<p>Government authorities have established and enforced health and safety measures and guidelines, including screening, quarantining, social distancing and stay at home orders to monitor, mitigate and prevent the further spread of illness.</p>	<p>The need for human and material resources will quickly exceed the capability of any one agency or organization.</p>
<p>Local public authorities determine the public health measures required to mitigate community risk.</p>	<p>This occurrence will require a combination of resources provided by state, local, tribal, territorial governments, the federal government, private sector, and NGOs to deliver mass care and emergency assistance to affected populations.</p>
<p>Local public authorities determine the public health measures required to mitigate community risk.</p>	
<p>Critical infrastructure, including utilities, supply and distribution channels (i.e., food, pharmaceuticals, etc.), and transportation are impacted by Communicable Disease Outbreak or Pandemic illness.</p>	
<p>Work force reduced - taking care of sick family members, exercising social distancing and/or unable to perform their duties.</p>	<p>Geographic scope and severity of the Communicable Disease Outbreak or Pandemic event will inform mass care strategies and planning assumptions.</p>
<p>Supply chains and municipal service disruptions from both adherence to risk mitigation practices and/or quarantines.</p>	<p>Local jurisdictions may not have mass care plans adapted for Communicable Disease Outbreak or Pandemic risk mitigation protocols.</p>
<p>Anticipate shortages of adequate medical supplies, medical personnel, and volunteers.</p>	<p>Delivery of supplies to individuals who may be sheltering in place may be delayed or hindered for reasons that may include- debris blocking roads and access to sites, lack of signage and public health measures such as social distancing guidance.</p>
<p>Transportation restrictions and disruptions substantially slow the movement of essential supplies to their business and end-user customers.</p>	<p>Mass care practitioners must identify ways to provide virtual support for some activities to ensure</p>

Communicable Disease Outbreak or Pandemic Planning Assumptions	
Operational Constraints in a Communicable Disease Outbreak or Pandemic Environment	Mass Care during Concurrent Communicable Disease Outbreak or Pandemic and Large-Scale Disaster
	compliance with health and safety measures and guidelines (i.e., social distancing, isolation).
Mass care practitioners will work closely with public health officials to identify, monitor, prevent and control outbreaks of Communicable Disease Outbreak or Pandemic or other illnesses in shelter settings.	
A viral Communicable Disease Outbreak or Pandemic has spread across the globe, significantly impacting the U.S. and a multitude of other countries and territories.	Natural, technological, or human-caused disasters will occur concurrently within a Communicable Disease Outbreak or Pandemic event.
Government authorities have established and enforced health and safety measures and guidelines, including screening, quarantining, social distancing and stay at home orders in effort to monitor, mitigate and prevent the further spread of illness.	The need for human and material resources will exceed the capability of any one agency or organization. This occurrence will require a combination of resources provided by state, local, tribal, territorial governments, the federal government, private sector, and NGOs to deliver mass care and emergency assistance
Local Public authorities determine the public health measures required to mitigate community risk. Under federal statute, HHS is authorized to take measures to prevent the entry and spread of communicable diseases from foreign countries into the United States and between states.	A Communicable Disease Outbreak or Pandemic event has different and more complex planning elements that must be considered to ensure a safe and successful delivery of mass care resources and services.
Communicable Disease Outbreak or Pandemic may impact critical infrastructure workforce for utilities, supply, and distribution channels (i.e., food, pharmaceuticals, etc.), and transportation have impacted by Communicable Disease Outbreak or Pandemic illness.	The potential for supply shortages in PPE supports the need to have plans in place at the local level to address solutions if supplies like N95 respirators are scarce- because of their use as a protective measure against smoke inhalation and a proactive measure against communicable disease spread.
Work force reduced - taking care of sick family members, exercising social distancing and/or unable to perform their duties.	Geographic scope and severity of the Communicable Disease Outbreak or Pandemic event will inform determination of mass care strategies and planning assumptions.

Communicable Disease Outbreak or Pandemic Planning Assumptions	
Operational Constraints in a Communicable Disease Outbreak or Pandemic Environment	Mass Care during Concurrent Communicable Disease Outbreak or Pandemic and Large-Scale Disaster
Non-congregate sheltering is the preferred sheltering method in a communicable or Communicable Disease Outbreak or Pandemic environment (CDC 2020).	Risk mitigation measures adopted to protect first responders may constrain scarce non congregate sheltering resources
Planning will include alternate options, such as sheltering-in-place or non-congregate shelters such as hotel/motels, renovated facilities, or campgrounds.	Congregate shelters may be unavoidable for areas impacted by no-notice events and areas with few non-congregate shelter resources.
Congregate Sheltering and other Mass Care services and activities must be adapted to meet NPI measures to mitigate the risk of Communicable Disease Outbreak or Pandemic spread.	Risk mitigation measures for prevention of infection spread will reduce the number of people that can be supported in shelter sites identified before the Communicable Disease Outbreak or Pandemic.
There will not be 100% compliance with recommended CDC protocols by all members of the public.	Member of the public may elect to shelter in place rather than risk exposure to risk of infection and compromise their safety with that choice.
Some survivors and households who require sheltering will arrive at the shelter without medical equipment, medical prescriptions and/or supplies, personal assistance services (caregivers) and personal protective equipment (PPE).	Additional Screening and risk mitigation protocols will increase the numbers of health service workers assigned to shelters and other mass care operations.

Concept of Operations

Once the determination is made that non-congregate sheltering is required to mitigate risks (typically dependent on a local public health order/direction to avoid congregate sheltering), site agreements for committed non-congregate facilities should be coordinated.

It should be noted that the county is the lead agency for sheltering with the support of the State of California. A county can submit a resource request for assistance through Cal OES (Mission-Tasked Assistance Request) and CDSS Mass Care Shelter Task Force (MCSTF). They will work with each jurisdiction to identify support operations and support the OA by activating the DGS NCS Program.

Non-Congregate Sheltering Options

Non-congregate housing is preferred. The sheltering options below (listed in order of preferred use) are recommended for the following groups:

1. For isolation of those who test positive for COVID-19 or are symptomatic (regardless of COVID-19 vaccination status).
2. For quarantine of those who are not fully vaccinated and have been exposed to COVID-19.

3. For those who may be deemed as medically fragile (regardless of COVID-19 vaccination status).Pre-Disaster Coordination

Pre-Disaster: Coordinate with the appropriate entities to establish agreements such as Memorandum of Understanding (MOU), Memorandum of Agreement (MOA) or leases for the coordination and integration of sites, resources, and staff. Agreements should be established between emergency management, healthcare organizations, volunteer organizations, coalitions, planned congregate/non-congregate sites and other stakeholders, particularly those representing the culturally diverse communities, prior to an incident. See the Finance Section for additional information on considerations for non-congregate sheltering and financial practices.

Agreements should clearly describe the strategy and processes for preparing for and responding to an incident. In addition, agreements should clearly delineate roles, responsibilities, and liability.

- Are agreements already in place with agencies, organizations, or private entities for use of Congregate/Non- Congregate shelter sites that meet requirements for Communicable Disease Outbreak or Pandemic risk mitigation measures and protocols?
- Does the Lead Mass Care agency have facility use agreements with local entities that have large capacity facilities
- Do agreements address how cost sharing, documentation and reimbursement processes will work when shelters are multi-agency managed and supported?
- Can agreements between an agency, organization or private entity and a site's owner/management for use of the site be transferred to another entity?
- If no agreement exists with the agency or entity responsible for the facility, who will take responsibility for the site and the relationship with the site's owner/management?
- Is the site owner/manager willing to include an addendum to the agreement that allows for the use of staff (e.g., cooks, janitorial and other venue staff) in support of the operation?
- Establish coordination structure for emergency management, healthcare organizations, volunteer organizations, coalitions, planned congregate/non-congregate sites and other stakeholders.
- Agreements should clearly describe the strategy and processes for preparing for and responding to an incident. Agreements clearly delineate roles, responsibilities, and liability.
- Do the agreements with agencies, organizations, or private entities for use of Congregate/Non- Congregate shelters meet requirements for Communicable Disease Outbreak or Pandemic planning.
- Have Facility agreements been established by local jurisdictions or DHA (as Primary Agency for mass care) for sites with capacity for large concentrations of people (250+) in buildings with adequate space to meet Communicable Disease Outbreak or Pandemic spread risk mitigation protocols.
- For pre-identified facilities, are the space requirements for individuals and common areas sufficient to mitigate risk by implementing social distancing measures in the spaces?
- Address means of funding non-congregate sheltering. Coordinate with Public Health, CDSS and

nongovernmental organizations to determine what funds might be available to support the course of action if there is a public safety mandate to mitigate the risk of infection and disease spread.

- Establish and socialize a standard set of protocols for nonpharmaceutical intervention measures to reduce the risk of communicable disease spread that jurisdictions and organizations refer to when initiating mass care operations. CDC and CDSS both provide information in the references listed in the authorities and references section of this Appendix.
- Establish protocols and identify resources to support provide screening and testing for the communicable disease at congregate sheltering sites. Mass Care and Shelter Guidance for Local Governments during a Communicable Disease Outbreak or Pandemic establishes recommended screening procedures for mass care workers and individuals in need of mass care support on p. 9 of that reference.
- Consider establishing a set of considerations that helps triage eligibility for scarce non-congregate sheltering resources with prioritization afforded to individuals at higher degrees of risk for serious disease associated with infection by the pandemic agent and those with access and functional needs.
 - Although risk factors for severe disease may vary with the infectious agent, in general, individuals at greatest risk of infection, serious illness, or death due to a communicable disease outbreak or pandemic, the list below provides some general considerations for identifying those at increased risk from communicable disease.
 - Over 65 years of age.
 - With compromised immune systems and certain underlying health conditions, for example, heart, lung, and kidney diseases, obesity, developmental disabilities.
 - Individuals significantly impacted by the conditions in the places where they live, learn, work, and play (i.e., social determinants of health, racial and ethnic factors);
 - Individuals and families who live and/or working in congregate settings.
 - Essential workers who interact with the public.
 - Young infants and children (high risk for influenza).
- If a vaccination or other pharmaceutical measure is available for the outbreak, consider developing guidance and protocols to address verification of vaccination status for residents requiring shelter.
- Shelters should not rely solely on self-reporting of vaccination status.
 - Other means of validating vaccinations status are listed below.
 - Vaccination Card (should include name of person vaccinated, type of vaccine provided, and date last dose administered.)
 - Photo of a vaccination card as a separate document.
 - A photo of the individual's vaccination card stored on a phone or electronic device.
 - Documentation of the vaccination from a healthcare provider.
 - Documentation of the vaccination in the California Immunization Registry (CAIR.)
 - See CDSS guidance on p. 8 of the Mass Care and Shelter Guidance for Local Governments during a Communicable Disease Outbreak or Pandemic, 2021 for information regarding the CAIR for those shelters providing healthcare services.

Initiating Mass Care in a Communicable Disease Outbreak or Pandemic Environment

Once the determination that sheltering for a disaster during a communicable disease outbreak or pandemic is required, reestablish contact with local public health officials for the latest guidance on mitigating the risk of infection and disease spread. As sheltering strategies are under consideration, re-message the need to adapt protocols to mitigate the risk of disease spread. Highlight the need to understand the likely duration of sheltering operations as well as the number of people that will require sheltering as decision drivers based on both cost and the need to mitigate the risks of Communicable Disease Outbreak or Pandemic spread. .

- Establish agreements including Memorandum of Understanding (MOU), Memorandum of Agreement (MOA) or leases for pre-designated sites, resources, staff, and integration of those resources on activation.
- See the Finance Section for additional information for non-congregate sheltering and financial practices.
- Agreements need to address how cost sharing, documentation and reimbursement processes for multi-agency managed and supported shelters.
- Establish which sites have provisions for transfer of responsibility between agency, organization or private entity and a site's owner/management for site use agreements.
- For site transfers if no agreement exists between the agency, consider establishing one.
- Identify who takes responsibility for the site and provides inter-face with site's owner/management.
- Reinitiate contact with local public health officials for the latest guidance on mitigating the risk of infection and disease spread.
- If vaccines for the disease are available, coordinate with the local public health or health care delivery system for provision of vaccinations at mass care sites.

To establish the sheltering strategy- on an event-by-event basis assess against probable duration of the sheltering operation and the number of people sheltered and potential risks of infection.

- Evaluate non-congregate shelter options.
- Assess shelters to determine capabilities and short falls for specific population requiring sheltering.
- Establish support needs and required resources.
- Identify current level of activity of NGO and other ad hoc sheltering missions-and evaluate the following considerations when considering strategies.
 - Identify how long any existing missions have been operational?
 - Identify existing capacity for additional population
 - Establish situation for overflow- including number of populations sleeping in vehicle or tents without mass care or another emergency assistance.
 - Establish constraints in neighboring jurisdictions that limit their normal capacity?
 - Establish support needs and required resources.

Hotels/Motels and other facilities:

- Consider pulling together a site assessment team comprised of individuals with special expertise related to various aspects of the shelter operations (i.e., public health officials, shelter providers, NGO partners, CERT, public safety, building inspection team, etc.)

- Work with hotels/motels and private facilities to establish agreements.
- Identify and establish a systematic approach for registration, eligibility, notification, and tracking of survivors being sheltered in hotels.
- Determine room cleaning frequency
- Inter-room or inter-site communications
- Additional rooms or space for other services (i.e., nurses, triage room, etc.)
- Large vacant properties (i.e., vacant assistance living, campus dorm rooms, etc.)
- Jurisdictions may also consider using a checklist, such as the Department of Justice (DOJ) American with Disabilities Act (ADA) Checklist for Emergency Shelters, when assessing the viability of a location to support non-Congregate shelters.
- If significant construction is needed to make an NCS habitable, a safety inspection should be conducted (power, water, and other utilities resources).
- Jurisdiction may conduct surveys of potential Non-Congregate Shelters using the Facility Survey

Non-Congregate Shelters (NCS)

- Assess potential non-congregate shelter sites evaluating location, capacity, accessibility, and interior/exterior features.
- Non-congregate Shelter sites can be surveyed by agencies assigned by the jurisdiction or agency responsible for NCS to determine site suitability.
- Conduct assessments with the site's owner and/or management company present.

NCS operations in sites owned by private enterprise

- To mitigate potential fraud and simplify the process for obtaining reimbursement as Category B expense under a Federal Emergency Management Agency (FEMA) Public Assistance (PA) declaration coordinate with CDSS for a brief with the State PA Grant manager to get latest updates for PA reimbursement eligibility criteria
- Align contracts, inspections, and documentation protocols with reimbursement criteria

The following tables provide additional decision support to determine which sheltering strategy will most effectively meet the needs of the displaced population in the Communicable Disease Outbreak or Pandemic environment.

Decision Support for Sheltering Strategies during an Communicable Disease Outbreak or Pandemic Outbreak

Course Of Action #1– Non-Congregate Shelter Hotels and Motels	
Capability	More than 5000 guestrooms in the greater Sacramento Area
Description	Includes hotels, motels, inns, and other facilities which offer sleeping rooms for short-term stays (generally 30 days or fewer), or any entity which owns, operates, or leases to these places. Preferred option for sheltering during the communicable or Communicable Disease Outbreak or Pandemic environment.
Gaps	Status of pre-existing contracts and identification of other current users in the county. Pre-Disaster Coordinate with homeless service providers and local public health to identify resources committed and in use for the precariously housed and unhoused.
Triggers	Indicator #1 – OA’s Mass Care capability during communicable or Communicable Disease Outbreak or Pandemics environment, Response history, Existing relationships with OA’s Mass Care Coordinator Level of threat to population and population centers, notice to event or event warning, Resource availability, OA Capability and Gaps, Available support for displaced population Indicator #2 – Anticipated number of disaster survivors requiring Mass Care and Shelter assistance during communicable or Communicable Disease Outbreak or Pandemics environment, Socio-economic status of the impacted population, Geography, Availability of resources in non-impacted adjacent areas, Damage to infrastructure and residences in impacted areas. Indicator #3 – Number of current shelters open in OA and number of additional shelters which may require support during communicable or Communicable Disease Outbreak or Pandemics environment. Indicator #4 – Hazard (notice- flood or no-notice- wildfire, earthquake) displacing population in the communicable disease outbreak or pandemic environment
Advantages	Disadvantages
<p>Private rooms reduce risk of transmitting communicable or Communicable Disease Outbreak or Pandemics environment.</p> <p>Client screening for infection conducted during registration.</p> <p>Rooms resourced with bedding, towels, televisions, and phone systems.</p> <p>Contracted housekeeping.</p> <p>Facilities may have large use areas for:</p> <ul style="list-style-type: none"> • Feeding • Recreation • Laundry 	<p>Multiple hotels may be required. Hard to coordinate services and maintain contact with displaced populations</p> <p>Must identify budget source- if there are no state or federal funds available, how will the county generate funds and budget allocations?.</p> <p>Disaster survivors may have to travel longer distances due to a lack of hotels in or near impacted areas.</p> <p>Need to provide support for regulating/maintaining social distancing in common areas</p>

<ul style="list-style-type: none"> • Rooms for meetings with individual clients <p>Common spaces can be used for multiple functions</p> <p>Ground floor and other accessible rooms can be prioritized for individuals with AFN, per the Americans with Disabilities Act (ADA)</p>	<p>Supporting multiple hotel sites with feeding for displaced population.</p> <p>Must coordinate to deconflict scheduled events and existing programs reliant on non-congregate sheltering in hotels. (Unhoused, precariously housed).</p>
<p>Special Considerations for Hotels</p> <ul style="list-style-type: none"> • All Americans with Disabilities Act (ADA) rooms should be prioritized for clients with disabilities. • All ground floor and easily accessible rooms should be prioritized for clients with access or mobility issues. • Unfiltered air should not be re-circulated 	

Course Of Action #2 – Non-Congregate Shelter ACS	
Description	Alternative Care Sites (ACS) are any sites of opportunity that are converted to increase healthcare capacity and bed space for overflow. Examples of typical ACS include arena, vacant hospital, or other large facility. ACSs (Alternate Care Sites) established as overflow space during a communicable or Communicable Disease Outbreak or Pandemics may be used for sheltering operations if the ACS is in ‘warm’ or ‘operational’ status. ACSs (Alternate Care Sites) can be operationalized/converted to support mass care if the safety risk of the disaster risk outweighs the demand for overflow space.
Triggers	Same as for Non-congregate Shelter (Hotels)
Capability	Unknown. Dependent on scope of Communicable Disease Outbreak or Pandemic, resource constraints and need for overflow space
Gaps	Typically establish to accommodate demand for overflow space in areas with higher population densities.
Advantages	
<p>All clients will be screened before entering</p> <p>Already have bedding, towels, televisions, and phone systems</p> <p>Will have cleaning crews/staff on site</p> <p>Distinct space or room for:</p> <ul style="list-style-type: none"> • feeding • recreation • laundry • meetings with individual clients <p>Common spaces can be used for multiple functions</p> <p>Ground floor and other accessible rooms can be prioritized for individuals with AFN, per the Americans with Disabilities Act (ADA)</p>	Disadvantages
	<p>May only be 1 or 2 ACSs (Alternate Care Sites) in the impacted region.</p> <p>Require pre-planning and approval from FEMA for reimbursement</p> <p>Federal Medical Sites require use permission from federal agency with responsibility for them. Coordinate through CDSS and the state.</p> <p>Disaster survivors may have to travel longer distances due to a lack of ACS in high fire risk areas</p> <p>Non-declared/proclaimed disasters would negatively impact funding/reimbursements for this COA</p> <p>Providing feeding operations for multiple ACS.</p>

Course Of Action #3- Noncongregate Shelter (Dorm Type Settings -Colleges, Universities)	
Description	The primary focus of institutes of higher education (IHE) is the well-being of their students. It is a campus-by-campus decision whether or not to make their spaces available for mass care and shelter purposes.
Triggers	Same as for Non-congregate Shelter (Hotels and ACS)
Capability	CSU Sacramento, Epic Bible College, Western Seminary, Sacramento City College, Chaffey College, Sierra College, Folsom Lake College.
Gaps	Difficult to obtain precontracted agreements
Advantages	Disadvantages
<p>OA may already have a MOU in place for the facility</p> <p>Facility has separate isolation care area with physical separation from dormitory.</p> <p>Common spaces can be used for multiple functions</p> <ul style="list-style-type: none"> • feeding • recreation • laundry • meetings with individual clients <p>Private rooms help reduce the risk of contact and disease spread.</p> <p>Dormitories should afford a minimum of 110 sq ft per individual.</p>	<p>Not all OA's have MOUs with local IHE for use</p> <p>The dormitory must allocate a minimum of 110 sq. ft. per client</p> <p>Barriers to accessibility must be addressed/removed</p> <p>Screening and shelter entrance/exit must be controlled and always staffed</p> <p>Non-declared/proclaimed disasters mean county must identify funding</p> <p>Need to deconflict with students' use of dormitories.</p>
<p>Special Considerations:</p> <p>Dormitories should afford a minimum of 110 sq ft per individual.</p> <p>Facility should have separate isolation area with physical separation from dormitory.</p>	

Course Of Action #4- Noncongregate Shelter (Air BnB)	
Description	<p>A marketplace for lodging, primarily homestays, or tourism experiences.</p> <p>Airbnb hosts a program known as “Open Homes” which could potentially provide shelter locations for disaster survivors.</p> <p>Another program, Frontline Stays, supports medical frontline responders with housing options.</p>
Triggers	<p>Significant incident reaches a threshold of <u>15,000 evacuees</u>,</p> <p>Airbnb reaches out to hosts in the area which they consider to be safe and accessible to evacuees and asks volunteers to offer their Airbnb’s for free.</p>
Capability	<p>Dependent on willingness of location managers to support the use of their facilities for non-congregant sheltering.</p>
Gaps	<p>Request through coordination with CDSS if other options in OA exceeded.</p> <p>Establishing block room/location rates may be difficult as opposed to hotel bookings.</p> <p>Significant planning could make Airbnb a viable option for short to long-term sheltering needs.</p>
Advantages	Disadvantages
<p>Reduced risk of transmitting communicable or Communicable Disease Outbreak or Pandemics environment</p> <p>Already have bedding, towels, televisions, and phone systems</p> <p>Private rooms</p>	<p>Coordination intensive based on need to secure multiple Airbnb sites and contracts.</p> <p>Airbnb vendor self-elect commercial capability reflect ability to book</p> <p>Requires precoordinated funding</p> <p>Disaster survivors may have to travel longer distances due to geographical separation of the locations that elect to support.</p> <p>No resources for support screening for infectious or communicable disease</p> <p>ADA Accessibility not guaranteed.</p>

Course Of Action #5- Congregate Shelters (Traditional Sites- Schools, Churches)	
Description	<p>Traditional sites modified with protocols to mitigate risk in a Communicable Disease Outbreak or Pandemic environment. Guidance from CDC, CDPH and local Public Health used to inform risk mitigation and Nonpharmaceutical Intervention measures.</p> <p>Considered a last resort in a Communicable Disease Outbreak or Pandemic environment.</p>
Triggers	No other sites or support resources available.
Capability	<p>Identify current Regional Sheltering Capability for the Red Cross Gold Country for a sustained period of 2 weeks for 3 different scenarios (required capacity for in region resources only, required capacity requires support from division resources, required capacity requires American Red Cross resources for a nationwide response).</p> <p>Identify any other sheltering capability within the operational area.</p> <p>Include public health capability in the OA to provide support at sheltering site- for screening and to facilitate movement of infected residents to off-site quarantine facilities.</p>
Gaps	Personal protective equipment (masks, sanitation supplies, other resources to implement risk mitigation protocols)
Advantages	Disadvantages
<p>Schools and Churches-Typically have bath, shower, toilet facilities, kitchen and dining areas and accessibility accommodations.</p> <p>Multiple rooms and buildings- consider modifying use agreements to access more areas of the campus or school</p> <p>MOUs typically in place</p> <p>Typically, pre-identified.</p>	<p>Schools- not suitable during academic calendar year.</p> <p>Social distancing requirements would cause significant impacts to the operation and lessen the ability house/shelter large numbers</p> <p>Does not have separation of clients as required under communicable or Communicable Disease Outbreak or Pandemics environment guidelines</p>

Special Considerations:

Small shelter populations (generally fewer than 50 people)

- Small shelters should be prioritized over larger shelters.
- Safer to congregate fewer people – can add additional sites as desired.
- Likely available closer to incident/home location than large site.
- Intended for less than 14 days after the emergency phase.
- Smaller facility (gymnasium/classrooms).

Large shelter populations (generally greater than 50 people)

- Large congregate shelters should be used as a last resort.
- Involves significant planning and support from all agencies.
- Officials should demobilize large congregate shelters as soon as possible after the emergency phase and relocate residents to hotels or small shelters for better social distancing.
- Should transfer shelter operations to small shelter(s) within seven (7) days of shelter operations or as directed by public health.

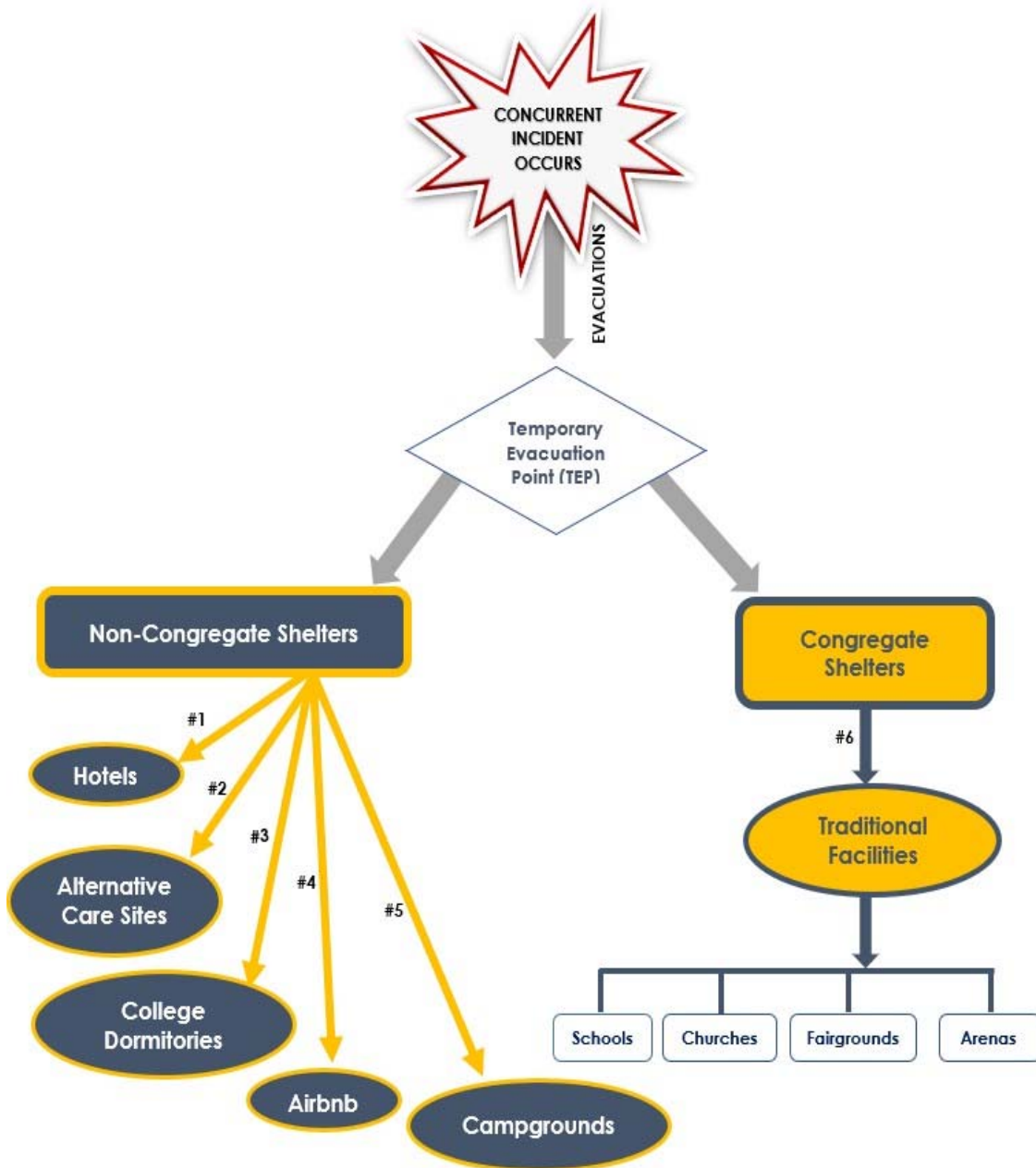
Alternate Course of Action: Campgrounds as Shelters (Outdoor Sheltering)

- Clients stay in separated recreational vehicles (RV), camp cabins, tents, etc., if available.
- Many campsites are in remote areas.
- Office space, supply storage, and necessary equipment lacking at many campsites should be brought in.
- Many campsite locations have rustic or limited toilet and shower access and may involve making enhancements. Provide consideration for the need to address access and functional needs support at these sites, particularly accommodations for those individuals reliant on mobility support devices.
- RVs and camp cabins may not be ADA compliant or physically accessible for AFN clients.
- Many clients will have few belongings with them and may require a tent/setup.
- Recommend consulting with California Air Resources Board prior to use of campgrounds due to possible air quality warnings.

Modified for County use from the: California State Mass Care and Shelter Operations During a Communicable or Communicable Disease Outbreak or Pandemic Environment Guidance issued, June 2, 2020

CDSS has established a decision tree to outline the process for identifying, in priority order, sheltering options during a communicable disease outbreak or pandemic event. Each option will be expanded upon in the CDSS Mass Care and Shelter Guidance for Local Governments August, 2020. .

CDSS, Decision Tree for Selecting Facilities During a Communicable Disease Outbreak or Pandemic



Evacuations and Temporary Evacuation Points

CDSS recommends leveraging a Temporary Evacuation Point (TEP) during evacuations as a means of establishing mass care needs and providing shelter registration and shelter assignments in a safe location during evacuations.

The goal of the TEP is to implement an efficient process that directs evacuees to a safe location. That location should afford people access to information and an opportunity for mass care service providers to assess and determine the best method to meet the mass care needs of displaced individuals. An additional benefit of leveraging TEPs is the additional time it affords sheltering service providers to take the appropriate measures required to mitigate the risk of communicable disease spread at sheltering sites.

Questions that should guide planning for and establishing TEPs are listed here.

- What agency has responsibility for the TEP?
- Who is responsible for operations at the TEP site?
- What activities and support should be located at the TEP?
- What is the operational plan for activity at the TEP?

TEPs are generally large parking lots that act as reception and staging areas for clients. If implemented, evacuation orders should include instructions directing people to a TEP.

If indoor TEPs are used, plan to maximize ventilation by opening windows/doors, using fans, and using outdoor spaces/shelter for higher risk activities. Consider using portable air cleaning/filtration devices.

Plan for universal masking for all workers and all clients, as clients have not yet been screened for symptoms, exposures, and vaccination status. Appropriate PPE should be provided for workers who will more closely interact with clients that report symptoms or exposures or for workers performing clinical services such as testing and/or vaccine administration.

At a TEP, clients should undergo a health screening, participate in the shelter registration process, and have a safe place to stay while a determination can be made on the appropriate shelter environment for clients. This allows for triaging clients, prioritizing placement of the most vulnerable clients in limited shelter space, isolating the sick, quarantining the susceptible exposed, permitting an orderly process of placing clients in shelters, and identifying the need for additional shelters. This can be done while maintaining the recommended physical distancing and masking practices that protect both mass care personnel and clients.

Information/Data Captured at the TEP

- TEP entry date
- Family name
- Address (residence address impacted by the disaster)

- Email address
- Telephone number
- Emergency contact information
- Red Cross registration identifier
- Transportation needs
- Privacy/consent to release & share information with partner agencies and organizations
- Feeding request information (including dietary restrictions)
- AFN considerations
- Vaccination status (COVID-19/other)
- Symptom/exposure clearance
- Assigned shelter location (including hotel room number for non-congregate sheltering)
- Federal Emergency Management Agency (FEMA) application number (if applicable)

Information Given to Clients During the TEP Registration Process

- Welcome advisory letter
- County evacuation information (maps/evacuation warnings and/or orders)
- Hotel room renewal policy and process (including cancellation and early check out)
- Drug/alcohol/weapon policy information (including statement initialed by client)
- Feeding services information flyer (information about providing hotel room location and room number for feeding partners to deliver meals)

Provide telephone number to report symptoms, exposure, or vaccination status (shelter administration) and telephone number for FREE access to clinical triage/care (healthcare delivery system)

Information on how to protect themselves and how to prevent transmission of communicable disease, including vaccination, universal masking, hand hygiene, maximizing physical distance, increasing ventilation, and use of outdoor spaces

Advise clients of Red Cross survey that should be disseminated. The survey results should be reviewed daily so that the county and/or Red Cross can address the needs of clients rapidly and provide the best service possible to clients in their time of need

If TEPs are not utilized, strong consideration should be given to how clients will transition to sheltering sites. Determine how information on shelter sites will be communicated to the public, and what protocols should be established so sites are not overrun. When the California Department of General Services Non-Congregate Shelter (DGS NCS) Program is used, many of the above questions should be asked as part of the registration form.

Strategies for Gathering Information at TEPs

- If clients arrive by vehicle, they should remain in their vehicles until a decision is made to move them to the next level of the TEP registration process, which would be initiating the hotel non-congregate sheltering plan.
 - o A sheltering decision must be made quickly to prevent clients spending the night in their vehicles.
- If clients do not arrive by vehicle, a reception area should be set up in the designated TEP facility.
 - o Chairs should be provided and should be placed six (6) feet apart for physical distancing.
 - o All clients should be provided a face covering that should be worn while in the reception area.
 - o Non-vehicle reception could be either inside or in a controlled area under canopies.
- Restroom facilities should be available and cleaning supplies and schedule should be maintained.
 - o Separate restrooms should be available for those who are symptomatic for possible pandemic infection.
- The preferred method of communication with clients is via cell phone while clients remain in their vehicles.
 - Communications should be spoken in a language that they understand.
- If a face-to-face interview is necessary, only ONE member of the household should exit the vehicle and complete the interview with the Registration Associate.
 - o Six (6) feet physical distancing protocols should be adhered to.
 - o Masks should be worn by the clients and the Registration Associate during the interview process at the vehicle or at the TEP.
- Waterless hand sanitizer or handwashing stations equipped with soap, water, paper towels, and trash receptacles should be readily available. Workers and clients should be reminded to perform hand hygiene frequently. Signage should be placed in these areas.

To provide better service to clients, TEP registrations should be tracked and a template used during the intake process at the TEP. The county should consider surveying clients in a language that they understand so there are no unmet needs. The results of any survey should be reviewed and disseminated daily so that the best service can be provided.

Recommended Staffing Patterns for Non-congregate and Congregate Sheltering in an Communicable Disease Outbreak or Pandemic Environment

Description	Estimated staff required to conduct shelter operations providing a safe, accessible, and secure shelter environment for disaster survivors.				
Resource Category	Mass Care Services				
Resource Kind	Team				
Overall Function	The Shelter Staffing Package serves as a staff profile to provide core functions for shelter operations, including resident and facility support services.				
Composition and Specifications	<p>The team works up to 12 hours per shift</p> <p>Shelter operations include staffing positions such as shelter management, client registration, dormitory management, feeding, reunification, health, mental health, spiritual care, janitorial, and logistical support.</p> <p>Refer to the National Mass Care Strategy (NMCS) Sheltering Guidance Aid and Staffing Matrix for sample staffing ratios</p>				
Component	Description	Non-Congregate	Congregate	Virtual	In-Person
Shelter Site Manager (Congregate)	<p>1 shelter manager per shift</p> <p>See ARC Sheltering in COVID-19 Affected Areas for guiding principles and details on all sheltering operations (including congregate and non-congregate) during COVID-19.</p> <p>Pre-landfall Congregate Shelter Operations in COVID-19 Communicable Disease Outbreak or Pandemic</p>		X		X
Shelter Manager (Non-Congregate)	<p>1 shelter manager per shift</p> <p>Refer to: COVID-19 Non-Congregate Sheltering Framework</p> <p>Depends on situation. If not deployed in-person, may need to identify in-person liaison with hotel or camp management to coordinate support to clients</p>	X		X	X

Sacramento Operational Area Care and Shelter Annex 2021

Shift Supervisors	4 Supervisors per 300 (average) population of shelter		X		X
Communicable Disease Outbreak or Pandemic Health Services (Screening, evaluation and monitoring)	4-5 per shift, per 50 occupants (Congregate) Non-Congregate. See HHS-FEMA Medical Resource Support. Refer to: NMCS website .	X	X	X	X
Registration	1 worker:165 population, min. 1		X		X
Staffing / Admin	1 worker per shift		X		X
Feeding (Congregate)	1 worker: 110 population, min. 1 Feeding in COVID-19 Congregate Shelters		X		X
Component	Description	Non-Congregate	Congregate	Virtual	In-Person
Feeding (Non-Congregate)	Depends on situation Coordinates with Foodbanks and other NGOs on delivery of pre- packaged meals and food commodities If facility does not have food prep and storage capability, coordinates with supporting agencies to provide resources (mini- fridges, microwaves, hot plates, etc.)	X		X	X
Dormitory Management	1 worker: 100 population, min. 1		X		X
Shelter Resident Transition	Supports clients transitioning from congregated or non-congregated shelters to safe, sustainable housing solution	X	X	X	
Mental Health / Crisis Counseling	1 worker: 250 population, min. 1 (Congregate) Provides virtual support to clients who are referred as described in the Disaster Health	X	X	X	X

	<p>Services Procedures in COVID-19 Congregate Shelters job tool. May need to be physically present to support individual clients and workers, as well as de-escalate situations</p>				
Disability Integration Services	<p>Activity, situation, and length dependent</p> <p>Provides virtual support to meet the access and functional needs of all clients, to include: Physical accessibility of hotel rooms, Alternate forms of communication, and Modification to methods of service delivery</p>	X	X	X	X
Public Health, Medical Health Services (Congregate)	<p>2 per 50-persons, per shift (congregate shelter)</p> <p>Accredited professional per AHJ</p> <p>Disaster Health Services Procedures in COVID-19 Congregate Shelters</p>		X		X
Disaster Health Services (Non-Congregate)	<p>Min. 1 person. Non-Congregate Shelter,</p> <p>Provides virtual support to clients who are referred as described in the Disaster Health Services Procedures in COVID-19 Congregate Shelters job tool.</p> <p>Conducts daily wellness checks</p> <p>Provide assistance with medication, DME and CMS replacement and health education</p> <p>May need to be physically present to support individuals</p>	X		X	

	with access and function needs				
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Traditional Shelter Space Requirements	Communicable Disease Outbreak or Pandemic Shelter Space Requirements
20 sf (Evac)-40 sf (Post Evac) per person	60 sf (Evac)-110 sf (Post Evac) per person

Potential Shelter Sites	
Congregate Shelter	Non-Congregate Shelter
<ol style="list-style-type: none"> 1. Vacant buildings 2. Commercial space properties 3. Strip malls 4. Community centers 5. National guard armories 6. Mega churches 7. Banquet halls 8. Stadiums 9. Auditoriums 10. Vacant Industrial facilities 11. Soft sided shelter (encampment) 	<ol style="list-style-type: none"> 1. Dormitories 2. Closed nursing facilities, hospitals, long term care facilities 3. Retreat, camp sites, YMCAs 4. Vacant Military bases 5. Hotels/Motels 6. Individual tents 7. Motor homes, campers, and travel trailers

PPE Supplies for Sheltering	<p>Typical PPE</p> <ul style="list-style-type: none"> ▪ N95 respirators (employee users must be fit-tested as applicable) for clients and workers to protect them from smoke effects or for workers to protect them against airborne infectious diseases (note: Cal/OSHA allows voluntary employee use of N95s for wildfire smoke protection without fit-testing or medical clearance, but employees in contact with persons having suspected or confirmed COVID-19 illness should be fit-tested and medically cleared for N95 use) ▪ Procedure masks or surgical masks ▪ Cloth masks ▪ Gloves ▪ Gowns
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	<ul style="list-style-type: none"> ▪ Eye protection (face shields or non-vented/indirectly vented goggles)
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Congregate Shelters

The National Mass Care Strategy website hosts a wealth of resourcing for mass care activity in a Communicable Disease Outbreak or Pandemic influenced environment along with a host of operational resources during disasters. The checklists below provide a high-level overview of some of the considerations for shelter site identification in a Communicable Disease Outbreak or Pandemic environment. The use of congregate shelters is not ideal for Communicable Disease Outbreak or Pandemics but may be necessary to save and sustain lives.

- Identify additional facilities to be used as shelters
- Determine shelter capacity to include social distancing (60 sq. ft for evacuation shelters and 110 sq. ft. for long-term sheltering)
- Consider pulling together a site assessment team comprised of individuals with special expertise related to various aspects of sheltering operations (i.e., public health officials, shelter providers, NGO partners, CERT, engineers, public safety, building inspection team, etc.)
- Determine the number of additional facilities that need to be identified and assessed to meet the need for additional space in shelters based on the population served.
- Determine suitability and evaluate suitability of structures to meet the need to mitigate the risk of Communicable Disease Outbreak or Pandemic spread in the shelter- adequate size, air quality, space for isolation, sanitation and hygiene requirements.
- Are the building systems in working order (electrical, water, sewage, heat, ventilation and air conditioning)?
- Consider the timeframe to repair, clean or condition the property

Non-Congregate Shelters (NCS)

A potential non-congregate shelter site should be identified and assessed based on several factors including location, capacity, accessibility, and interior/exterior features. Like congregate/general population sheltering. For more detail, please see the Red Cross Shelter Facility Survey Form in the Sacramento OA EOC Care and Shelter Branch Desk Guide.

- NCS sites can be surveyed by an agency assigned by the jurisdiction or agency responsible for NCS to evaluate the site's suitability for use.
- Members of survey teams should include the site's owner and/or management company.
- NCS operations in privately owned facilities require additional coordination and process steps to assure occupants meet eligibility criteria and to simplify the process for obtaining reimbursement as a Category B expense under a potential Federal Emergency Management Agency (FEMA) Public Assistance (PA) declaration or other assistance

program.

Hotels/Motels and other facilities:

- Consider pulling together a site assessment team comprised of individuals with special expertise related to various aspects of the shelter operations (i.e., public health officials, shelter providers, NGO partners, CERT, public safety, building inspection team, etc.)
- Work with hotels/motels and private facilities to establish agreements.
- Identify and establish a systematic approach for registration, eligibility, notification, and tracking of survivors being sheltered in hotels.
- Determine room cleaning frequency
- Inter-room or inter-site communications
- Additional rooms or space for other services (i.e., nurses, triage room, etc.)

Large vacant properties (i.e., vacant assistance living, campus dorm rooms, etc.)

- Jurisdictions may also consider using a checklist, such as the Department of Justice (DOJ) American with Disabilities Act (ADA) Checklist for Emergency Shelters, when assessing the viability of a location to support non-Congregate shelters.
- If significant construction is needed to make an NCS habitable, a safety inspection should be conducted (power, water, and other utilities resources).
- Jurisdiction may conduct surveys of potential Non-Congregate Shelters using the Facility Survey

Finance

Coordinate with Public Health, CDSS and nongovernmental organizations to identify funding for non-congregate shelters if there is a public safety mandate to use non-congregate sites to mitigate infection risks

State of California Non-Congregate Shelter (NCS) Program

The State of California can assist in providing emergency, non-congregate sheltering assistance for disaster clients to local governments through the DGS NCS Program. The local government may request support from DGS or the Red Cross for the placement of clients in hotels. OAs participating in the DGS NCS Program should incorporate program eligibility that includes that disaster clients legally reside in an evacuation zone and have a domicile that is inaccessible as a direct relation to the disaster incident. The DGS NCS Program is ONLY available to counties that have an active Fire Management Assistance Grant (FMAG) or a Presidentially Declared Disaster.

Reimbursement

The tracking and monitoring of potentially eligible expenses are critical, so when and if funding becomes available, the applicant is in a position to maximize reimbursement and other forms of

assistance as part of the recovery process. Jurisdictions also need to consider if they will be seeking reimbursement of costs through long term care facilities and if Medicare/Medicaid will be sought for reimbursement for services provided.

Federal funds may not be available until a disaster is federally declared by the president. Though the Federal Emergency Management Agency (FEMA) has traditionally focused on property losses due to a disaster, in the past, temporary but substantial population displacement has resulted in funds being appropriated for the payment of some services. Coordinate through CDSS for an update with the state PA Grant manager.

Cost Accounting

Accounting for the costs associated with the operation of a shelter may occur away from the shelter site and should be coordinated with the local jurisdiction. The cost accounting system utilized must separate all disaster-related costs from other activities and capture the information necessary to justify disaster-related costs. The accounting system should identify and document separate costs in each of the following categories.

Labor Cost	<p>Force account labor hours by individual, rates of pay, duty assignment and work locations. The FEMA uses the term “force account” to refer to local government personnel and equipment</p> <p>Temporary hires by individual, hours of work, rates of pay</p> <p>Breakdown of fringe benefits for regular employees and emergency hires, both regular and overtime rates.</p>
Equipment and Contract Cost	<p>Equipment used for eligible disaster recovery work, hours of use, applicable equipment rates charged (local rates or government cost code), location of work and name of employee operator</p> <p>Services contracted for and/or purchased for use on eligible work, location of work purchase orders, costs and invoices to support the costs</p> <p>Listing of equipment damaged and cost to repair or replace.</p>
Other Supporting Records	<p>Labor policies in effect at the time of disaster</p> <p>Insurance adjustments, settlements, and other documents and records related to project worksheets</p> <p>Volunteer labor and equipment records to include, for each volunteer, a record of hours, location, description of work performed, and equivalent information for equipment and materials. It is also recommended that each volunteer’s time (in and out) be recorded as a means to capture the total hours worked per day.</p> <p>Photographs of work sites before and after, labeled with location and date</p> <p>Mutual aid and assistance agreements in effect</p>

	All other documents or costs associated with the disaster.
Accounting records must be supported by such source documentation	Cancelled checks, copies of paid bills, payroll sheets, time and attendance records, etc.

The tables on the next few pages identify questions addressing mass care activities in shelters to assess the conditions for sheltering during an Communicable Disease Outbreak or Pandemic outbreak or pandemic. The information gathered to evaluate situations can be used to identify risks for infection spread and then to develop mitigation measures identified with support from Public Health guidance to reduce those risks..

Job Aid: Communicable Disease Outbreak or Pandemic Environment Considerations for Wrap Around Services				
FEEDING	Non-congregate (NCS)	Hotel/ Motel / Dorm	Congregate	Shelter-in-Place
Protocols for protective and infection risk intervention measures identified and in place for all mass care personnel and survivors?	X	X	X	X
Sufficient material and human resources to meet feeding requirements in a Communicable Disease Outbreak or Pandemic environment?	X	X	X	X
Agreements with NGO or contracted caterers for point-to-point delivery (room service style)?	X	X	X	
Meal planning meets nutritional and dietary requirements for all populations including infants/toddlers-infant formula, senior nutrition- liquid supplements or alternatives, and culturally appropriate meals to meet unique needs (faith-based limitations, vegan, vegetarian, ethnic communities)?	X	X	X	X
Confirmed coordination with meal providers to identify and adjust orders to meet standards and requirements?	X	X	X	X
Hotels with onsite restaurants/ dorm style locations with industrial kitchens.				
<ul style="list-style-type: none"> • Can the site support point to point meal delivery with their staff and kitchen facility? • If so, has an agreement or modification to the contract been made? • Does hotel restrict use of outside vendors? • Coordinated strategy with site management for delivery arrangements arranged by local jurisdiction? • Support staff assigned to support delivery strategy (distro point/kitchen to room)? 	X	X		X

Job Aid: Communicable Disease Outbreak or Pandemic Environment Considerations for Wrap Around Services				
<p>Feeding (Alternate strategies to meet infrastructure support constraints (power, water, supply chain disruptions),</p> <ul style="list-style-type: none"> Shelf stable Meals NGO Partners (Red Cross, Salvation Army, World Central Kitchens) Local Restaurants and Caterer contracts Local Food Pantries/Soup Kitchens Culinary Schools Faith Based Organization support Meals on Wheels Food Delivery Services: (e.g., Grub Hub, Door Dash, Pea Pod, Uber Eats, Instacart) Food Boxes 	X	X	X	X
SANITATION/HYGIENE SERVICES	Non-congregate (NCS)	Hotel/ Motel / Dorm	Congregate	Shelter-in-Place
<p>Showers/Restroom Facilities:</p> <ul style="list-style-type: none"> Portable shower, portable toilets and hand-washing stations (including accessible units) to meet shortfalls on site? Plans for sanitation in place to ensure sanitation after each use? Adequate capacity per occupancy for solid and liquid waste disposal or plan in place to meet capacity? <p>Facility check</p> <p>Accessible toilets, sinks and showers to meet population needs?</p> <p>Running water, power and cleaning supplies?</p> <p>Daily sanitation plans to meet local public health sanitation guidelines?</p>	X	X	X	X
<p>Laundry: Weekly laundry pickup and delivery?</p> <p>Note: implement medical facility protocols for laundry, to include bedding and separate/individualized laundry for shelter residents.</p> <ul style="list-style-type: none"> Facility check 	X	X	X	

Job Aid: Communicable Disease Outbreak or Pandemic Environment Considerations for Wrap Around Services				
<ul style="list-style-type: none"> On-site laundry services or equipment? Coordinated agreement with site management/ownership for use by population housed at the site? Contracted agreement with NGO or local Laundry Service for laundry, pick-up and delivery? 				
Health Services Support: Basic Health and First Aid support <ul style="list-style-type: none"> Screening process approved by local public health authority. Material and human resources to provide Health Care Screening before entering the shelter? Medical provider or Red Cross Health Services available for residents? on-site or telehealth? weekly health check ins? Initiate shelter support health care agreement with local public health and/Red Cross virtual health services team. Public Health rep or Red Cross Health Services available to refill or call-in needed prescriptions? 	X	X	X	X
Comfort Items- available (Includes soap, toothbrushes, face cloths, and other personal care and hygiene items). Hotels or dorm style space with contracted room service: Contract agreement with site for supply of hygiene items?	X		X	X
CHILDREN AND UNACCOMPANIED MINORS	Non-congregate (NCS)	Hotel/ Motel / Dorm	Congregate	Shelter-in-Place
Unaccompanied Minors- Primary agency confirms: strategy for safety and support measures for unaccompanied minors in place and implemented? Short falls? Resources and solutions identified? Strategy for services to children and young adults in place? Behavioral health measures, school and school transport?	X	X	X	

Job Aid: Communicable Disease Outbreak or Pandemic Environment Considerations for Wrap Around Services				
Partners/Staffing : Law Enforcement/Public Safety, Human Services, Child Welfare, Support from the National, Center for Missing & Exploited Children (NCMEC), National Emergency Family Registry and Locator System (NFERLS) if federal declaration in place, NGOs support capability? Resources for children/youth/families? Formal agreement with a locally contracted childcare- meets public safety standards for child and family welfare? Coordinated reunification strategy in place? Strategy addresses health and safety measures for children? Primary agencies engaged? (Law enforcement, schools, social service agency responsible for children?) Strategy integrates Unaccompanied Minors Registry: UMR Registry ?				
Child Care (licensed): The SLTTs can establish licensed childcare within a congregate shelter. Local welfare and safety guidelines identified and implemented? Coordinated resources for Licensed childcare for congregate shelter or stand-alone facility retained? If local, county and mutual assistance capability confirmed, resources through CDSS? For Declared events: Eligibility requirements for reimbursement through FEMA Public Assistance Policy and Program Guidance (PAPPG) identified under Child Care page 124	X		X	
Child friendly space and/or Temporary respite care: Identified safe protected area available to children for play, learning recreational activities? Staffing- meets local childcare safety and liability standards? Agency oversight and support assigned? NGO Options include- Save the Children, Southern Baptists, Church of the Brethren, Children’s Disaster Services) Agency support: Local Dept. of Children Services (?)		X		X

Job Aid: Communicable Disease Outbreak or Pandemic Environment Considerations for Wrap Around Services				
PETS AND SERVICE ANIMAL SUPPORT	Non-congregate (NCS)	Hotel/ Motel / Dorm	Congregate	Shelter-in-Place
<p>Strategies in place for Service Animal Support:</p> <p>Food, water and medical care for service animals?</p> <p>Food and water for companion animals?</p> <p>Co-located facilities coordinated for pet owners?</p> <p>Non-congregate shelters- contracted agreement supporting pets in room? Liability assigned to room occupant for pet related damage. In-room access for pets' food and water?.</p> <p>Sources identified for pet food resources- local donations? Humane Society?</p> <p>Request local provider if formal agreement has been established.</p>	X	X	X	X
TRANSPORTATION	Non-congregate (NCS)	Hotel/ Motel / Dorm	Congregate	Shelter-in-Place

Job Aid: Communicable Disease Outbreak or Pandemic Environment Considerations for Wrap Around Services				
<p>CDC compliant Transportation resources coordinated for movement of population from evac, or registration point to designated shelter site or facility.</p> <p>Return transport to start location?</p> <p>POV parking available for residents with their own transport?</p> <p>Scheduled transport to off-site service locations? LACs, agencies providing support for individual recovery.</p> <p>Scheduled transport to schools and medical facilities?</p> <p>Accessible transportation options for individuals with communicable disease symptoms or who have tested positive for a communicable disease.</p> <p><u>Partners/Staffing Options:</u></p> <p>Contract agreement with local transportation service.</p> <p>Contract for Accessible vehicles</p> <p>Assess capability of any local or county agencies normal providing service, establish routes that support sheltering sites (Access-a-Ride or other accessible transportation providers)</p> <p>Mutual assistance agreement with DOT for transport services survivors</p>				
	X	X	X	
SECURITY	Non-congregat	Hotel/Motel	Dorm Congrega te	Shelter-in-Place
<p>Primary goal is to ensure the safety of staff and survivors.</p> <p>Security retained and scheduled for on-site presence at sites and facilities?</p> <p>Security capability meets occupancy requirements? i.e., can meet the security needs for the number of occupants?</p> <p>Established safety and security protocols in place and addressed in security contracts and agreements? 24 hours? Night Shift only?</p> <p><u>Partners/Staffing Options:</u></p>				
	X	X	X	

Job Aid: Communicable Disease Outbreak or Pandemic Environment Considerations for Wrap Around Services				
Support from Law Enforcement branch to identify local resource. Coordination with local law enforcement to assess need and identify resources? Agreement or contract in place with site/facility for expansion of existing contract?				
BEHAVIORAL HEALTH AND SPIRITUAL CARE	Non-congregate	Hotel/Motel	Dorm	Congregate
Assess sites for access to internet in each room- Provides access for displaced population to virtual disaster mental health support. Protocols and resources in place for virtual support? Coordinated strategy for NGO mental health and spiritual care services and resources? <u>Partner/Staffing Options:</u> Behavioral Health agency consulted for resource recommendations? Local homeless services- any expansion capability with their spiritual care or behavioral health resources? Contracted provider Red Cross Disaster Mental Health and Spiritual Care Services State recommendations from CDSS Federal resource may provide support under individual assistance declarations if crisis counselling grant awarded.	X	X	X	X
HEALTH SERVICES AND PUBLIC HEALTH SUPPORT	Non-congregate (NCS)	Hotel/Motel Dorm	Congregate	Shelter-in-Place

Job Aid: Communicable Disease Outbreak or Pandemic Environment Considerations for Wrap Around Services				
COVID-19 Symptom Screening and Testing in Congregate Settings				
<u>When community transmission is substantial or high:</u>				
<ul style="list-style-type: none"> Regardless of vaccination status (because vaccines are not 100% effective and shelters are a high-risk setting for transmission), screen all workers and clients for symptoms and exposure(s) at least once daily. 				
Mass Care and Shelter Guidance for Local Governments During a Communicable Disease Outbreak or Pandemic				
9				
<ul style="list-style-type: none"> Test all persons with COVID-19 symptoms, regardless of COVID-19 vaccination status. If a case is identified, test all potentially exposed workers and clients, regardless of COVID-19 vaccination status, at baseline and every seven (7) days until no new infections are identified among tested persons for 14 days. 				
<u>When community transmission is moderate or low:</u>				
<ul style="list-style-type: none"> Screen all workers and clients for COVID-19 symptoms and exposure(s) at least once daily, regardless of COVID-19 vaccination status. Test all workers and clients with COVID-19 symptoms, regardless of COVID-19 vaccination status. Test all workers and clients, regardless of vaccination status, three to five (3-5) days following a known exposure to someone with suspected or confirmed COVID-19. Test all workers who are not fully vaccinated at baseline and again in seven (7) days, if feasible. 				
Health and Medical				
<ul style="list-style-type: none"> How does the CDPH/Medical Health OA Coordinator/Public Health Officer want to approach sheltering? How does it differ from traditional sheltering? What gaps will exist due to this change? How will the OA implement infection control practices to prevent transmission of communicable disease and pandemic agents? Does the OA have the capacity to conduct testing for the communicable disease outbreak or pandemic or would additional workers be involved? 				
	X	X	X	X

Job Aid: Communicable Disease Outbreak or Pandemic Environment Considerations for Wrap Around Services				
<ul style="list-style-type: none"> • How does CDPH/Medical Health OA Coordinator/Public Health Officer want to approach vaccination verification and vaccine delivery? • How does CDPH/Medical Health OA Coordinator/Public Health Officer want to approach telephone/telemedicine/in-person access to health care for symptomatic clients? • How much PPE is available within the OA region? <ul style="list-style-type: none"> What does the supply chain for procuring more look like? What kind of delays might you encounter? What is the recommended or required PPE for different positions in shelters (i.e., shelters workers, isolation workers)? What is the PPE recommendation for shelter resident? What are the circumstances that afford modifying PPE to meet unique individual needs? 				
Environmental Health Support				
DISABILITY AND ACCESS AND FUNCTIONAL NEEDS SUPPORT	Non-congregate	Hotel/ Motel / Dorm	Congregate	Shelter-in-Place
<ul style="list-style-type: none"> • What role does the Department of Environmental Health/Protection play in helping evaluate and set up shelter operations? • How can workers and clients safely maximize ventilation to help minimize risk communicable disease and other respiratory exposures? 	X	X	X	

Job Aid: Communicable Disease Outbreak or Pandemic Environment Considerations for Wrap Around Services				
How can workers and clients be instructed to use portable air cleaning/filtration devices, when available?				
What resources will the OA provide to supported jurisdictions to establish a prioritization of non-congregate resources for individuals who require disability integration or access and functional needs support?	X		X	

Authorities and References

National Mass Care Strategy Website, Communicable Disease Outbreak or Pandemic Planning Resources:

Screening individuals for respiratory infection symptoms at entry to homeless shelters

Screening Clients at Homeless Shelters | CDC

Public Assistance: non-congregate sheltering delegation of authority, FEMA.gov

Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19) | CDC

Immediate Expansion of Eligible Ordering Activities Under Federal Supply Schedule (FSS), August 17, 2009,
<multimedia.3m.com/mws/media/6011990/grantee-access-to-federal-supply-schedules.pdf>

Checklist for Emergency Shelters, American Disabilities Act (ADA)

ADA Checklist for Emergency Shelters (Department of Justice, Civil Rights Division, Disability Rights Section)

Appendix F: Definitions

Access and Functional Needs

Access and functional needs (AFN) refers to the unique needs of individuals who are or have: Physical, developmental or intellectual disabilities, Chronic conditions or injuries, Limited English proficiency, Older adults, Children, Low income, homeless and/or transportation disadvantaged (i.e., dependent on public transit), Pregnant women

Capability

Anything that could be used to reduce, mitigate, or eliminate a threat or hazard or its associated impacts. Capability - The ability to deliver a service with the kinds of available resources.

Capabilities-based planning:

Planning under uncertainty, to provide capabilities suitable for a wide range of threats and hazards, while working within an economic framework that necessitates prioritization and choice

Capacity

The measure of capability which may be delivered with the available resource quantities and the strategies employed.

Checklist

Written (or computerized) details of actions to be taken by an individual or organization while assigned to a position in the EOC.

Community

A political entity that has the authority to adopt and enforce laws and ordinances for the area under its jurisdiction. In most cases, the community is an incorporated town, city, township, village, or unincorporated area of a county. However, each State defines its own political subdivisions and forms of government.

Contamination

The undesirable deposition of a chemical, biological, or radiological material on the surface of structures, areas, objects, or people.

Contingency Plan

Refers to a subset of an existing emergency focused on addressing the particulars of a specific emergency scenario (i.e., earthquake, flood, etc.).

Cooling Centers

Facilities that are made available by public, private and volunteer organizations as a heat relief station. There is no agreement that these facilities will be exempt from power outages.

Cooling Stations

Typically, facilities such as hospitals, skilled nursing facilities, etc. that are exempt from rotating power outages (mandated by CPUC (California Public Utilities Commission) Decision 02-04-060, 4/25/02).

Core Capability

The National Preparedness Goal describes five mission areas- prevention, protection, mitigation, response, and recovery- and 32 activities called core capabilities that address the greatest risks to the nation. Mass Care is a core capability within the mission area of response. It is the capability of providing life-sustaining human services to the affected population to include hydrations, feeding, sheltering, temporary housing, evacuee support, reunification, and distribution of emergency supplies.

Critical Information Requirements

Particular elements of information specifically requested by incident leaders.

Damage Assessment

The process used to appraise or determine the number of injuries and deaths, damage to public and private property, and the status of key facilities and services such as hospitals and other health care facilities, fire and police stations, communications networks, water and sanitation systems, utilities, and transportation networks resulting from a human caused or natural disaster.

Decontamination

The reduction or removal of a chemical, biological, or radiological material from the surface of a structure, area, object, or person.

Department Operations Center

Location which department executive personnel and staff can coordinate, monitor, and support emergency response activities during an emergency. (Similar to an Emergency Operations Center)

Disability Integration

Providing emergency programs, services, and activities in an integrated setting that meets the needs of any disabled members of the displaced population.

Displaced Person(s)

All persons removed or moving from areas threatened or struck by a disaster.

Diverse Populations

“Culturally diverse communities” includes, but is not limited to, race and ethnicity, including indigenous peoples, communities of color, and immigrant and refugee communities; gender, including women; age, including the elderly and youth; sexual and gender minorities; people with disabilities; occupation and income level including low-income individuals and the

unhoused; education level; people with no or limited English language proficiency; as well as geographic location

Emergency Medical Services

Services, including personnel, facilities, and equipment required to ensure proper medical care for the sick and injured from the time of injury to the time of final disposition, including medical disposition within a hospital, temporary medical facility, or special care facility, release from site, or declared dead. Further, emergency medical services specifically include those services immediately required to ensure proper medical care and specialized treatment for patients in a hospital and coordination of related hospital services.

Emergency Operations Center

The protected site from which State and local civil government official's coordinate, monitor, and direct emergency response activities during an emergency.

Emergency Operations Plan

A document that: describes how people and property will be protected in disaster and disaster threat situations; details who is responsible for carrying out specific actions; identifies the personnel, equipment, facilities, supplies, and other resources available for use in the disaster; and outlines how all actions will be coordinated.

Emergency Support Function

ESFs are the primary, but not exclusive, response coordinating structures at the federal level. Communities, states, regions, and other tribal, territorial, insular area, and federal departments and agencies may use the ESF construct, or they may employ other coordinating structures or partners appropriate to their location, threats, or authorities. Whatever structures are used, they are encouraged to work closely with federal ESFs at the incident, regional, or headquarters levels if they are activated.

Essential Elements of Information

Important and standard information items that incident managers need to make timely and informed decisions.

Evacuation

Organized, phased, and supervised dispersal of people from dangerous or potentially dangerous areas.

Spontaneous Evacuation

Residents or citizens in the threatened areas observe an emergency event or receive unofficial word of an actual or perceived threat and without receiving instructions to do so, elect to evacuate the area. Their movement means, and direction of travel is unorganized and unsupervised.

Voluntary Evacuation

This is a warning to persons within a designated area that a threat to life and property exists or is likely to exist in the immediate future. Individuals issued this type of warning or order is NOT required to evacuate; however, it would be to their advantage to do so.

Mandatory or Directed Evacuation

This is a warning to persons within the designated area that an imminent threat to life and property exists and individuals MUST evacuate following the instructions of local officials.

Evacuees

All persons removed or moving from areas threatened or struck by a disaster

Joint Information Center

Central point of contact for all news media near the scene of a large-scale disaster. News media representatives are kept informed of activities and events by public information officials who represent all participating Federal, State, and local agencies that are collocated at the JIC (Joint Information Center).

Local Assistance Centers

Provide one-stop, face-to-face assistance and disaster information to individuals and businesses that suffered damage as a result of the federally declared disaster.

Local Emergency (state definition)

The duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the territorial limits of a county, city and county, or city, caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, earthquake or other conditions which are, or are likely to be, beyond the control of the services, personnel, equipment, and facilities of a political subdivision and require the combined forces of other political subdivisions to combat.

Mass Care and Emergency Assistance

According to the National Response Framework, 4th Edition 2019, Emergency Support Function 6 includes mass care- sheltering, feeding, distribution of emergency supplies and reunification. Emergency Assistance includes assistance to people with disabilities and others with access and functional needs, including those with disabilities. The National Response Framework also includes temporary housing and human services under ESF 6.

Resources

Personnel, equipment, teams, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained.

Resource Management

Those actions taken by a government to identify sources and obtain resources needed to support disaster response activities; coordinate the supply, allocation, distribution, and

delivery of resources so that they arrive where and when most needed; and maintain accountability for the resources used.

Robert T. Stafford Disaster Relief and Emergency Assistance Act P.L. 93-288 as amended

Gives the President broad powers to supplement the efforts and available resources of state and local governments in carrying out their responsibilities to alleviate suffering and damage resulting from declared emergencies or disasters.

Standardized Emergency Management System (SEMS)

As defined in California Code of Regulations §2400 as..."based upon the Incident Management System (ICS) adapted from the system originally developed by Firefighting Resources of California Organized for Potential Emergencies (FIRESCOPE) program including those currently in use by state agencies, the Multi-Agency Coordination System (MACs) as developed by FIRESCOPE program, the operational area concept, and the Master Mutual Aid Agreement and related mutual aid systems."

Sheltering:

Sheltering is the overarching term for the facility and all functions performed to assist clients on the path towards recovery from a disaster by providing a safe place to sleep, eat, get information, maintain personal hygiene, and access core services and situational services in shelters. Source: American Red Cross, Sheltering Standards & Procedures, July 2016.

Sheltering: Provides life-sustaining services in congregate facilities that provide a safe, sanitary, and secure environment for individuals and households displaced by disasters. Also includes support to survivors sheltering in place and in ESF #8 medical shelters. Source: ESF #6 –Mass Care, Emergency Assistance, Temporary Housing and Human Services Annex, National Response Framework, June 2016

Standard Operating Procedure (SOP)

A set of instructions constituting a directive, covering those features of operations which lend themselves to a definite, step-by-step process of accomplishment. SOPs supplement EOPs by detailing and specifying how tasks assigned in the EOP are to be carried out.

State Emergency Plan

The State of California Emergency Plan, as approved by the Governor, which serves as the basis for statewide emergency planning and response.

State of Emergency

" Other duly proclaimed existence of conditions of disaster or of extreme peril or the safety of persons and property within the State caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infection or disease, the Governor's warning of an earthquake or volcanic prediction, or an earthquake, or other conditions, other than conditions resulting from a labor controversy or conditions causing a 'state of war emergency,' which conditions, by reason of their magnitude are or are likely to be beyond the control of the services, personnel, equipment, and facilities of any

single county, city and county, or city, and require the combined forces of a mutual aid region or regions to combat or with respect to regulated energy utilities, a sudden and severe energy shortage requires extraordinary measures beyond the authority vested in the California Public Utilities Commission."

Temporary Evacuation Point

A safe staging area utilized for durations typically of several hours for populations that will be or have been displaced by an incident or an event.

Voluntary Organizations Active in Disaster

National Voluntary Organizations Active in Disaster (National VOAD) is the forum where organizations share knowledge and resources throughout the disaster cycle—preparation, response, and recovery—to help disaster survivors and their communities. Members of National VOAD form a coalition of nonprofit organizations that respond to disasters as part of their overall mission.

Warming Center

Designated Sacramento sites activate for credible weather forecasts of extremely cold/freezing weather for more than three-day low daytime temps and night temps under 32 degrees.

Wrap Around Services

This is a preliminary list of wrap-around support services and activities for sheltering.

- Children/Respite Care
- Household Pet
- Spiritual Care
- Access Control
- Recovery and Messaging/Reunification
- Laundry
- Client Transportation
- Volunteer Management
- Postal Services
- Information Technology
- Logistical Support
- Media support

Appendix G: Acronyms

AAR	After Action Report
ADA	Americans with Disabilities Act
AFN	Access and Functional Needs
ALF	Assisted Living Facility
APS	Adult Protective Services
ARC	American Red Cross
BOS	Board of Supervisors
CAHAN	California Health Alert Network
CBO	Community Based Organizations
CEO	Chief Executive Officer
CERT	Community Emergency Response Team
CPS	Child Protective Services
DHA	Sacramento County Department of Human Assistance
DHHS	Sacramento County Department of Health and Human Services
DWI	Disaster Welfare Inquiry
CSS	Child Support Services
DAC	Disaster Assistance Center
DHS	California Department of Health Services
DMAT	Disaster Medical Assistance Team
DOC	Department Operation Center
DOE	Department of Education
EAS	Emergency Alert System
EM	Emergency Management
EMS	Emergency Medical Services
EOC	Emergency Operations Center
ERC	Emergency Response Coordinator
ERTC	Emergency Response Team Coordinator
FEMA	Federal Emergency Management Agency
ICS	Incident Command System
IHSS	In-Home Support Services

JIC	Joint Information Center
HHS	United States Department of Health and Human ServicesLVN Licensed Vocational Nurse
MRC	Medical Reserve Corps
MCI	Multi Casualty Incident
NIMS	National Incident Management System
NRP	National Response Plan
OA	Operational Area
PAFN	People with Access and Functional Needs
PSA	Public Service Announcements
RACES	Radio Amateur Civil Emergency Services
REOC	Regional Emergency Operations Center (Cal EMA)
RN	Registered Nurse
SEMS	Standardized Emergency Management System
SEP	State Emergency Plan
SNFs	Skilled Nursing Facility
SOC	State Operations Center
SOP	Standard Operating Procedures
SRO	Single Room Occupancy
VOAD	Volunteer Organizations Active in Disaster

Attachment 1: Sacramento Operational Area: Participating Cities with Demographic Information

Sacramento Operational Area Participating Jurisdictions 2015 to 2019 ACS Survey Data	Sacramento County, California	Sacramento city, California	Elk Grove city, California	Citrus Heights city, California	Folsom city, California	Rancho Cordova city, California	Galt city, California
Population estimates, July 1, 2019, (V2019)	1,552,058	513,624	174,775	87,796	81,328	75,087	26,536
Population estimates base, April 1, 2010, (V2019)	1,418,735	466,383	152,995	83,184	72,147	64,804	23,703
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	9.40%	10.10%	14.20%	5.50%	12.70%	15.90%	12.00%
Persons under 5 years, percent	6.30%	6.60%	6.10%	5.80%	5.50%	7.60%	5.80%
Persons under 18 years, percent	23.40%	23.10%	25.90%	20.70%	24.20%	24.70%	26.00%
Persons 65 years and over, percent	14.50%	13.10%	12.60%	16.20%	12.60%	11.70%	12.80%
Persons in poverty, percent	12.60%	16.60%	8.10%	11.50%	5.60%	13.30%	9.10%
With a disability, under age 65 years, percent, 2015-2019	7.80%	7.70%	6.40%	11.00%	4.20%	10.10%	6.50%
Persons without health insurance, under age 65 years, percent	6.80%	6.60%	2.80%	6.90%	2.70%	7.20%	6.40%

Attachment 1: Sacramento Operational Area: Participating Cities with Demographic Information

Per capita income in past 12 months (in 2019 dollars), 2015-2019.	\$	32,751	31,956	36,069	30,884	47,874	29,911	28,878
Veterans, 2015-2019		77,463	21,682	8,175	5,690	4,093	4,744	1,602
Population per square mile, 2010		1,470.80	4,764.20	3,626.80	5,854.70	3,290.20	1,933.20	3,987.00
Land area in square miles, 2010		964.64	97.92	42.19	14.23	21.95	33.51	5.93
Owner-occupied housing unit rate, 2015-2019		56.40%	48.50%	74.90%	56.80%	69.50%	55.00%	71.60%
Median value of owner-occupied housing units, 2015-2019	\$	351,900	336,900	406,300	297,700	524,100	299,800	331,100
Median selected monthly owner costs -with a mortgage, 2015-2019.	\$	1,925	1,869	2,188	1,692	2,556	1,828	1,839
Median selected monthly owner costs -without a mortgage, 2015-2019	\$	539	518	650	498	733	523	550
Median gross rent, 2015-2019	\$	1,252	1,263	1,695	1,260	1,710	1,212	1,225
Households, 2015-2019		543,025	185,331	53,182	34,079	27,836	25,508	8,160
Persons per household, 2015-2019		2.76	2.66	3.2	2.54	2.63	2.85	3.16
Median household income (in 2019 dollars), 2015-2019	\$	67,151	62,335	93,780	62,276	114,405	65,307	75,638
Language other than English spoken at home, percent of persons aged 5 years+, 2015-2019		32.70%	37.80%	34.60%	19.40%	22.60%	33.90%	33.50%
Households with a computer, percent, 2015-2019		94.20%	93.50%	96.90%	93.80%	97.00%	94.30%	93.00%
Households with a broadband Internet subscription, percent, 2015-2019		87.90%	86.60%	92.70%	86.20%	94.40%	88.00%	89.00%
Total health care and social assistance receipts/revenue, 2012 (\$1,000) (c)	\$	12,358,663	7,027,206	436,957	145,727	591,834	1,105,815	No Data
In civilian labor force, total, percent of population age 16 years+, 2015-2019		62.70%	63.60%	63.70%	64.30%	61.60%	67.30%	64.10%

Attachment 1: Sacramento Operational Area: Participating Cities with Demographic Information

In civilian labor force, female, percent of population age 16 years+, 2015-2019	58.40%	59.80%	59.00%	59.70%	59.50%	61.40%	56.80%
Mean travel time to work (minutes), workers aged 16 years+, 2015-2019	27.8	26.2	32.7	26.9	26	26.6	33.6
Total accommodation and food services sales, 2012 (\$1,000) (c)	\$ 2,422,674	1,145,662	212,480	113,158	169,317	136,537	19,333
Total manufacturers' shipments, 2012 (\$1,000) (c)	\$ 6,960,679	3,149,760	111,020	3,178	198,940	1,083,353	No Data
Total retail sales, 2012 (\$1,000) (c)	\$ 15,227,280	4,363,259	1,823,782	1,029,670	1,639,528	929,080	192,103
Total retail sales per capita, 2012(c)	\$ 10,501	9,176	11,468	12,132	22,342	13,867	7,893

Sacramento Operational Area: Special Districts

<u>Cemetery Districts</u>	<u>Fire Districts</u>	<u>Recreation and Park Districts</u>
<p><i>Elk Grove-Cosumnes Cemetery District</i></p> <p><i>Fair Oaks Cemetery District</i></p> <p><i>Galt-Arno Cemetery District</i></p> <p><i>Sylvan Cemetery District</i></p> <p><i>Community Services Districts</i></p> <p><i>Cosumnes Community Services District</i></p> <p><i>Rancho Murrieta Community Services District</i></p> <p><i>San Juan Community Services District</i></p>	<p><i>Courtland Fire District</i></p> <p><i>Delta Fire Protection District</i></p> <p><i>Herald Fire District</i></p> <p><i>Natomas Fire Protection District</i></p> <p><i>Pacific Fruitridge Fire Protection District</i></p> <p><i>River Delta Fire District</i></p> <p><i>Sacramento Metropolitan Fire District (Metro Fire)</i></p> <p><i>Walnut Grove Fire District</i></p> <p><i>Wilton Fire Protection District</i></p>	<p><i>Arcade Creek Recreation and Park District</i></p> <p><i>Arden Manor Recreation and Park District</i></p> <p><i>Arden Park Recreation and Park District</i></p> <p><i>Cordova Recreation and Park District</i></p> <p><i>Fair Oaks Recreation and Park District</i></p> <p><i>Fulton-El Camino Recreation and Park District</i></p> <p><i>North Highlands Recreation and Park District</i></p> <p><i>Orangevale Recreation and Park District</i></p> <p><i>Rio Linda-Elverta Recreation and Parks District</i></p> <p><i>Southgate Recreation and Park District</i></p>
<u>Water Districts</u>	<u>Conservation Districts</u>	<u>Reclamation Districts</u>
<p><i>Carmichael Water District</i></p> <p><i>Citrus Heights Water District</i></p> <p><i>Clay Water District</i></p> <p><i>Del Paso Manor County Water District</i></p> <p><i>Fair Oaks Water District</i></p> <p><i>Florin County Water District</i></p> <p><i>Omochumne-Hartwell Water District</i></p> <p><i>Rio Linda/Elverta Community Water District</i></p> <p><i>Sacramento Suburban Water District</i></p>	<p><i>Florin Resource Conservation District</i></p> <p><i>Granite Resource Conservation District</i></p> <p><i>Lower Cosumnes Resource Conservation District</i></p> <p><i>Sloughouse Resource Conservation District</i></p>	<p>3, 317, 341, 349, 369, 407, 551, 554, 556, 563, 744, 755, 800, 813, 1000, 102, 1601, 2067, 2110, 2111</p>

<p><u>Maintenance District</u> <i>Brannan-Andrus Levee Maintenance District</i></p>	<p><u>Mosquito and Vector Control District</u> <i>Sacramento-Yolo Mosquito and Vector Control District</i></p>	<p><u>Sacramento River District</u> Sacramento American River</p>
<p><u>Sanitation District</u> <i>Sacramento Regional County Sanitation District</i></p>	<p><u>Sewer District</u> <i>Sacramento Area Sewer District</i></p>	<p><u>Utility District</u> <i>Sacramento Municipal Utility District (SMUD)</i></p>

SACRAMENTO
COUNTY
OFFICE OF EMERGENCY SERVICES



Care and Shelter Branch Lead
EOC Desk Guide



August 2021

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Care and Shelter Branch Services Summary	
Core Capability	<p>Provide life sustaining and human services to the affected population, to include hydration, feeding, sheltering, evacuee support, reunification, and distribution of emergency supplies.</p> <p>All mass care activities must include and accommodate the needs of diverse community members, including those with disabilities, access and functional and other unique culturally inclusive needs and address the needs of household pets and service animals.</p>
End State	<p>Immediate lifesaving and life-sustaining needs are met.</p> <p>The needs of people seeking shelter are met and the planning for the transition into temporary housing alternatives is initiated and informed by those needs.</p> <p>Assistance provided for evacuees, service animals and pets, including reunification and relocation assistance.</p>
Concept of Operations	<ul style="list-style-type: none"> • Move and deliver resources to meet immediate needs for mass care and emergency assistance. • Provide resources and technical assistance to local governments to establish, staff and equip emergency shelters for the affected population. • Support mass evacuation activities, including coordination of support for people with disabilities and others with access and functional needs and unique cultural considerations. • Coordinate emergency assistance. • Support recovery planning efforts for relocation assistance/interim housing solutions for families unable to return to their pre-disaster homes
Information Requirements	<ul style="list-style-type: none"> • Arrival of mass evacuees. • Demographics of affected population to include, but not limited to, children, seniors, people with disabilities and access and functional needs, English as a second language and non-English speakers, the undocumented, the unhoused or people who are precariously housed, the LBGQTI community, people without private transportation or digital access, people with household pet, and others. • Requests from local government for mass care assistance. • Number of affected residences. • Population estimates residing or present in impact areas. <p>Impact severity estimates: number of homes that sustained major damage or were destroyed; status of utility, water, power, and sanitation systems.</p>

MASS CARE OPERATING CYCLE				
	Initiate	Stabilize	Sustain	Transition to Recovery
Point in Time	Event or warning level requiring mass care support occurs.	Event or response moves to containment.	No remaining threat to population from event.	
Activity Drivers	Demand rises as incident starts to scale.	Demand for mass care services and support activity peaks.	Declining mass care support needs.	Individual Recovery solutions identified, and Long-Term Community Recovery Efforts initiated.
Needs (Problem set mass care resolves)	A safe place where basic sustainment needs are met, and information is available about impacts from the hazard or threat.	More robust sustainment of the population impacted by the disaster. (Wrap around services). Transition people from Mass Care to more sustainable options.	Resources to sustain. Whole community strategy to individual recovery needs of the most impacted (often vulnerable or underserved populations).	All mass care needs addressed.
Resource Trends	Rapid scale up of services and associated resources as mass care services activate.	Recurring resource patterns identified, and resupply cycle established. Extent of impacts and complexity of unmet needs drive sustainment plan. Assess need to consolidate Mass Care Sites.	Mass care sustainment footprint contracts. Need for recurring resources declines. End date for Mass Care Identified.	No remaining recurring Mass Care resource needs.
Planning Assumptions (Impacted population and required resources)	Historic data and estimates of potential extent of impacts.	Damage assessments underway. Planning assumptions updated and refined.	Damage assessment is complete.	All Mass care service and activity providers demobilize.
Desired End State	Local jurisdictions provide mass care needs assessments to county. Required mass care resources identified and planning assumptions developed. Resource requests to fill shortfalls complete. Immediate mass care needs of impacted population met with existing resources.	Immediate mass care needs of disaster impacted population have been equitably met and additional sustainment resources are provided. (wrap around services) Aligned strategy for temporary housing initiated. Whole community resources and shortfalls for support of individual recovery (i.e., solutions other than mass care) of impacted population identified and plan to resolve initiated. Recovery planning process initiated.	Need for mass care reduced to displaced survivors without other options. Temporary housing strategy Implemented. Long Term Recovery (LTR) planning complete, LTR committees established, and solutions identified for unmet needs of all impacted diverse populations. Coordinated strategy to transition remaining individuals to situations that meet their unique needs. (MASTT, LAC, DRC) initiated.	Damage assessment complete. All agency and organizational support return to normal operations. Complete reconciliation of material and human resources ongoing.

ALL MASS CARE ACTIVITIES INFORMED BY THE SAFETY, HEALTH AND WELL-BEING OF THE DISPLACED POPULATION SERVED.

Situation- Assessing Mass Care Needs		
?	Establish reporting requirements, reporting cycle and distribution	Comments-
	(Overlay map with these areas) at intervals as the event progresses (expansion and contraction) <ul style="list-style-type: none"> ▪ Population (identify vulnerable populations that have been affected) e.g. low income, ESL and non-English speaking, known concentrations of communities with unique cultural needs, elderly, children and toddlers ▪ Identify areas with high concentration of people, e.g. high rise community, college campus, seasonal events, stadiums, amusement parks ▪ Identify concentrations of residences built prior to update of seismic and building codes. 	
	Population estimates for evacuated areas.	
	Assess extent of impacts and effect on displaced population- damage to residences and buildings, transportation infrastructure, power, water, supply chain. Are disruptions temporary or permanent- duration of outage or disruption?	
	Identify support requirements to meet the access and functional needs of people with or without disabilities	
	Determine duration of sheltering support needed based upon the impact of the incident on people, dwellings and/or infrastructure within the affected community.	
	Identify percentage of the power grid offline and estimate the duration of the outage.	
	Determine the status of communication capabilities, such as cell towers, internet capabilities, land lines, radio, and television	
	Determine the status of potable and non-potable water treatment and distribution systems.	
	Determine the status of sewage treatment plants.	
	Determine the status of commercial fuel services, e.g., gas stations.	
	Determine the status of public transportation, including accessible public transportation	
	Determine the status of medical and non-medical community services including accessibility	

	Determine the status of schools and childcare facilities, including accessibility	
	Establish length of time shelter facilities will be available for use	
	Determine the number of household pet shelters needed and where they should be located	

PRE-DISASTER	
No major disaster activity.	
Smaller scale mass care and emergency assistance provided regularly in local jurisdictions within local capability (multi-family fires, minor flooding, etc....).	
Priority at the OA Level is engagement of existing partnerships, engagement and integration of additional capability, mass care training, exercise, and plan development.	
Very little significant need for OA resources or coordination.	
Refinement of plans and assumptions for deliberate mass care plans.	
PRE-DISASTER	
Desired End State	<ul style="list-style-type: none"> • Strong Whole Community mass care partnerships with NGOs, FBOs, Private Enterprise, Nonprofit and Civic Organizations. • A robust well-coordinated network of support that supplies resources and staff whenever mass care activities are needed in the operational area.
Coordinating Objectives	<ul style="list-style-type: none"> • Regularly scheduled Care and Shelter trainings for each activity: Sheltering, Feeding, Reunification and Emergency Supplies. • Annual coordination Meeting with Care and Shelter primary and support agencies with Law Branch, DOE, DCFAS, Health Services and NGOs to review reunification standards and the plan for children separated from parents or caregivers during major disasters and adults separated from their support networks. • Annual capability review with key stakeholders supporting diverse populations.
Operational Activity and Service	<ul style="list-style-type: none"> • Annual Mass Care Community Capability review and tabletop exercise. • Response to small scale house fires, multifamily fires and minor flooding incidents and weather events on a regular basis.
Equity And Inclusion Considerations For Diverse Populations	<ul style="list-style-type: none"> • Identify and include vulnerable populations within the impacted geographic area in the planning process. • Which diverse population stakeholder groups require engagement to plan equitable service accessibility, physical sites, outreach messaging? • What is the process to quickly activate established contracts and MOUs for DAFN and the unique needs of other diverse populations? • What are the communications approaches and required platforms, accessibility resources, and who are the trusted “go-to” individuals required to assure equitable access to information?
Measurable Target	Develop a system for preparing and maintaining mass care capabilities required to respond to and recover from the threats and hazards that pose the greatest risk in the Sacramento Operational Area for 10% of the population for a sustained period of 5 days (120 Hours).

INITIATE	
Event or evacuations that require mass care support occurs.	
Demand rises as incident starts to scale.	
Priority is to provide a safe place where basic sustainment needs are met, and information is available about impacts from the hazard or threat.	
Rapid scale up of services and associated resources as mass care services activate.	
Historic data and estimates of potential extent of impacts based on the situation inform planning assumptions.	
INITIATE	
Desired End State	<ul style="list-style-type: none"> • Local jurisdictional assessments of mass care needs for impacted populations provided to county. • Required mass care resources identified. • Planning, coordination, and resource requests to fill shortfalls complete at the operational area level. • Initial mass care needs of impacted population met with existing resources.
Coordinating Objectives EOC	<p>For any mass care activity or emergency services required to meet the needs of displaced population these tasks will inform Mass Care activity in the EOC:</p> <ul style="list-style-type: none"> • Manage information. • Process requests. • Support and/or implement assessment process. • Develop Assumptions and Identify resource support plan. • Provide mass care support, services and or resources to meet local capability shortfalls.
Operational Activity and Service	<ul style="list-style-type: none"> • Shelter. Local jurisdictions provide life-sustaining services in shelter facilities that provide a safe, sanitary, and secure environment to meet disaster caused needs of any displaced population requiring support. • Reunification. Coordinated effort to provide facilitated assistance for children separated from parent(s), legal guardians, as well as adults from their families due to disaster. • Feeding. Local jurisdictions provide meals or food resources that meet nutritional, cultural, and dietary requirements of displaced populations. • Emergency Supplies. Local jurisdictions plan to distribute life sustaining resources, hygiene items and clean up items to meet the urgent needs of disaster survivors. • Emergency Assistance. Individual recovery planning initiated

<p>Equity and Inclusion Considerations for Diverse Populations</p>	<ul style="list-style-type: none"> • Have the DAFN and pre-identified cultural support contracts, resources, community champions been contacted and activated for support and engagement? • Has Branch Management met with the Cultural Inclusion and Equity Liaison and the DAFN Liaison to identify potential needs, issues, and concerns of specific populations? What are the specified tasks that will assure an equitable mass care response for all? • Have the Cultural Inclusion and Equity Liaison and the DAFN Liaison met with the JIC to address mass care and shelter service information and communications and messaging? • Which individuals at shelter sites require specific support to address unique issues of personal physical and emotional safety (E.g., LGBTQI, undocumented, non-English speakers, those with specific faith-based requirements, those with drug issues, those with protection order requirements, and those populations vulnerable to exploitation or victimization)? What resources have been engaged to meet those needs?
<p>Measurable Target</p>	<p>% of evac or post event shelters assessed and confirmed as safe, secure, accessible and resourced with what they need.</p>

<p>STABILIZE</p>	
<p>Event or response moves to containment.</p>	
<p>Demand for mass care services and support activity peaks.</p>	
<p>More robust sustainment of the population impacted by the disaster. (Wrap around services). People begin moving from mass care to more sustainable options.</p>	
<p>Recurring resource patterns identified, and resupply cycle established. Extent of impacts and complexity of unmet needs drive sustainment plan. Assess the need to consolidate shelters and determine the likely projected shelter pattern of consolidations and closures. Assess the need to consolidate mass care sites</p>	
<p>Damage assessments underway. Planning assumptions updated and refined.</p>	

<p>STABILIZE</p>	
<p>Desired End State</p>	<ul style="list-style-type: none"> • Immediate mass care needs of all disaster impacted populations have been met and sustainment resources are provided. • Coordinated strategy to enhance mass care services to meet shortfalls in providing for basic needs initiated. • Aligned strategy for temporary housing established Whole community resources and shortfalls for support of individual recovery (i.e., solutions other than mass care) of impacted population identified. • Recovery planning process initiated.

<p>Coordinating Objectives EOC</p>	<p>For any mass care activity or emergency services required to meet the needs of displaced population these tasks will inform Mass Care activity in the EOC Analyze assessments of mass care needs and develop plans.</p> <ul style="list-style-type: none"> • Manage information. • Process requests. • Coordinate and implement resource support plan and resource all required services and activities for sustainment. • Provide mass care services or support resources, including human resources to meet local capability shortfalls. • As needed, convene required mass care activity and service work groups to solution recovery barriers and resource shortfalls.
<p>Operational Service and Activity Objectives</p>	<ul style="list-style-type: none"> • Shelter. Integration of additional services (laundry, transportation to service agencies, school buses, para transport, etc.) and initiation of individual needs assessments of impacted and displaced population and individual recovery planning. • Reunification. Facilitated assistance for children separated from parent(s), Legal guardians, as well as adults from their families due to disaster tapering to conclusion. • Feeding. Local jurisdictions provide healthy, culturally appropriate meals or nutritional resources that meet the sustainment needs of displaced population. • Emergency Supplies. Local jurisdictions initiate any needed distribution of life sustaining resources, hygiene items and clean up items to meet the urgent needs of disaster survivors in impacted communities. • Emergency Assistance. Individual transition to solutions other than Mass Care initiated through casework and local assistance centers. Connection to services and resources.
<p>Equity And Inclusion Considerations for Diverse Populations</p>	<ul style="list-style-type: none"> • How can equitable response to the impacted diverse populations be maximized? • Are the equitable response activities and services provided to every population group requiring mass care support? • Are the services being provided to DAFN and culturally diverse services provided equitably the services offered to all other populations? • How will the level, diversity and quality of response to the diverse populations be assessed and monitored? • Are accessible transportation resource contracts in place and established to support the transition out of the shelter? • What measures are in place to assure accessibility considerations are addressed as temporary housing solutions are identified and transition plans are developed? • Has adequate social service support for undocumented and unhoused persons been provided and are there resources and measures identified to assist with transitions out of the shelter and into other safe, sustainable living arrangements?
<p>Measurable Target</p>	<p>% of peak short-term shelter population placed in appropriate housing solutions and no longer in need of mass care or emergency assistance.</p>

	% of targeted feeding production and logistics capacity in the areas requiring community feeding.
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SUSTAIN	
Population no longer at risk from the disaster.	
Declining mass care support needs as people who can go home do and infrastructure and supply chain are restored.	
Resources to sustain the remaining population with mass care needs identified. Whole community strategy to address individual recovery needs of the most impacted (often vulnerable or underserved populations) identified.	
Mass care sustainment resource footprint contracting. Need for recurring resources declines. End date for Mass Care Identified.	
Damage assessment is complete or almost complete.	
SUSTAIN	
	<ul style="list-style-type: none"> • Provision of mass care services and activities reduced to meeting needs of population without any other options. • Temporary housing strategy Implemented. • Long Term Recovery plan complete and long-term recovery committees established and providing solutions for unmet needs. • Coordinated strategy for individuals with unique unmet needs to transition into situations where those needs can be met, and they are no longer reliant on mass care services or activities. (MASTT, LAC, DRC)
Coordinating Objectives EOC	<p>For any mass care activity or emergency services required to meet the needs of displaced population these tasks will inform Mass Care activity in the EOC Implement and track effectiveness of transition plans.</p> <ul style="list-style-type: none"> • Manage information. • Process requests. • Resource support plan. • Provide SME and technical support to LTRCs or other entities • Provide SME, technical support and casework support for MASTT, LAC and DRC.
Equity And Inclusion Considerations For Diverse Populations	<ul style="list-style-type: none"> • Are the DAFN and Cultural Inclusion and Equity Liaisons actively working with branch management and external resources to proactively help transition out individuals who traditionally may face discrimination (E.g., those with criminal backgrounds, at risk women/single mothers, undocumented, unhoused, LGBTQI). • Are clear, understandable communications about transition options being provided to those who have accessibility, and language and other cultural differences? • Have wrap around services that appropriately and equitably address the

	<p>cultural needs of those transitioning been activated?</p> <ul style="list-style-type: none"> • Are issues pertaining to the diverse populations being monitored and documented for hot wash sessions and After-Action Reviews (AAR)?
<p>Operational Service and Activity Objectives</p>	<ul style="list-style-type: none"> • Emergency Assistance- Implement coordinated strategy for shelter transition. • Sheltering- sustain temporary sheltering for those with mass care needs as individual recovery strategies are developed and implemented. • Feeding- transition mass care feeding to individual recovery solutions and initiate planning for demobilization of mass care feeding operations. • Distribution of emergency supplies- complete implementation of community emergency supplies distribution. • Reunification- initiate planning to transition to reunification to longer term recovery efforts.
<p>Measurable Targets</p>	<p>Population remaining in shelter, % assessed for barriers to recovery.</p> <p>Daily update of numbers for population reductions due to resolution of temporary housing solution barriers.</p>

Transition to Recovery	
Desired End State	No remaining mass care needs.
	Final cost analysis complete.
	Staff resources returned to normal operations.
Transition to Recovery	
Coordinating objectives EOC	<ul style="list-style-type: none"> • Manage Information. • Compile documentation- costs, materials, burn rates. • Conduct Hot Washes. • Schedule After Action Reviews and compile After Action Reports. • Demobilize all remaining personnel and equipment.
Operational Activity and Service Objectives	<ul style="list-style-type: none"> • Coordinate with the Housing Task Force or other group established to address housing options and brief long term recovery staff on the status of sheltering/housing programs and remaining barriers. • Conduct mass care activity after action reviews with impacted jurisdictions. • Provide support for demobilization of mass care operations. • Support collection and reconciliation of supporting documentation required for public assistance cost-share offsets (volunteer hours, donated goods).
Equity and Inclusion Considerations for Diverse Populations	<ul style="list-style-type: none"> • Have communications and resource coordination barriers and enablers for branch, EOC and community leadership coordination been fully documented for reporting? • Who (internally/externally) might bring a different perspective to the Hot Wash(es) and can inform the AAR on culturally competence from the mass care and shelter operations experience? • Have the DAFN and Cultural Inclusion and Equity Liaisons engaged with EOC and community outreach leadership for adequate tracking of continuity of resources?
Measurable Target	<p>Total number of overnight stays, total number of meals and snacks served, total population transitioned into recovery or temporary housing solutions.</p> <p>Donated hours accounted for and shared with OES if there is a federal declaration.</p>

Mass Care Service Strategies				
Public Safety Support Sites and Care Sites				
TYPE OF SITE	PURPOSE AND DESCRIPTION	BENEFITS	RISKS/CONSTRAINTS	RESOURCES/SUPPORT CONSIDERATIONS
<p>Evacuation Centers</p> <p>Operating cycle- short duration a few hours to no more than 24 hours.</p>	<p>Haven for evacuees. Public Safety.</p> <p>Usually in a fully intact building with power, water and sanitation.</p> <p>Minimal resourcing- usually limited to snacks, food, and power sources to charge devices for access to information.</p> <p>Intended opening cycle- short duration a few hours to no more than 24 hours.</p>	<p>Provides an opportunity for needs assessment.</p> <p>Can be used as an entry point for sheltering or other mass care services.</p>	<p>Should be located out of any impacted areas or areas vulnerable to impacts.</p> <p>Poorly resourced if no alternatives established and centers must continue to provide support beyond the planned operating cycle.</p>	<p>More effectively resourced and managed for notice disasters and events- weather and flooding</p> <p>Power</p> <p>Water</p> <p>Sanitation Facilities</p> <p>Snacks</p> <p>Information Center</p> <p>Transit to additional services</p>
<p>Temporary Evacuation Points</p>	<p>Typically used for wildfire evacuation.</p> <p>Safe location designated by local EM or Incident Commander.</p> <p>During extreme events- locations may only be controlled gathering points in relatively safe areas.</p> <p>Evacuees receive instruction or direction for their next steps to safety.</p>	<p>Can assist with traffic control during extremely hazardous events.</p>	<p>Typically, not managed by NGOs.</p> <p>Requires additional staff.</p>	<p>Safety: ingress and egress.</p> <p>Traffic control and management.</p> <p>Ideally, Hardened Structure.</p> <p>Power</p> <p>Water and Sanitation Facilities.</p> <p>Information</p>

Mass Care Service Strategies				
Public Safety Support Sites and Care Sites				
<p>Warming Centers Designated Sacramento sites activate for credible weather forecasts of extremely cold/freezing weather for more than three-day low daytime temps and night temps under 32 degrees.</p>	<p>Short-term emergency shelter</p> <p>Activated when conditions pose a threat to human life or injury or death from exposure to cold.</p>	<p>Safe haven for people who are unhoused or in substandard housing conditions</p>		<p>Heated indoor space with bathroom facilities.</p> <p>Typically run as a collaborative effort between emergency management, human services, NGOs, non-profit and faith-based organizations.</p>
<p>Cooling Centers Designated Sacramento sites activate for credible weather forecasts of extremely hot weather</p>	<p>CDC defines a cooling center or cooling shelter as a location, typically in an air conditioned or cool building that has been designated as a site to provide respite and safety during extreme heat.</p>	<p>Can be any building with public access that can be cooled.</p> <p>No single group or agency responsible for implementation.</p>		<p>Some counties establish sites outdoors in spray parks, community pools and public parks.</p> <p>Sometimes temporary cool spaces are set up for large scale outdoor event like marathons or outside concerts.</p>
<p>Local Assistance Centers (LAC)</p> <p>Typically, part of local recovery efforts</p>	<p>One-stop shop with critical services for population impacted by disaster.</p> <p>Can be staffed and supported by local and state agencies as well as other organizations offering</p>	<p>Replacement of lost or stolen id and vital documents.</p> <p>Offers connection to</p>		<p>Not typically considered a mass care site, services offered may support shelter resident access to services that can remove barriers to their individual recovery.</p>

Mass Care Service Strategies				
Public Safety Support Sites and Care Sites				
	support services to population impacted by disaster.	support services.		Planning for LACs requires coordination and engagement with mass care stakeholders to identify relevant services and support use by shelter residents.
Reception Processing Site (RPS)/ Public Safety Information Point	Interim site along an evacuation route for evacuees.	Opportunity for assessments and evacuee processing if reassessment or processing necessary for transition to shelter		Evacuee tracking, Canteening or feeding, Household pets, Medical assessment Evacuee communications Shelter assignment and transfer services
Emergency Evacuation Shelters Minimally resourced	Temporary area to wait out a hazard (Storms, Wildfires, climate events)	Requires Less square footage per person	Accessibility is a concern.	Resource requirements increase as operating duration extends Information support, H2O, snacks

Mass Care Services Strategies and Sites				
SHELTERING- General Population Shelters				
TYPE OF SITE	DESCRIPTION AND PURPOSE	BENEFITS	RISKS/CONSTRAINTS	RESOURCE SUPPORT CONSIDERATIONS
<p>Congregate Shelters</p> <p>General Population Shelters Short Term- Less than 2 weeks</p> <p>Long Term- More than 2 weeks</p> <p>Potential sites include Community centers, Community Gyms, Faith Based Organization facility - with classroom, kitchens, showers, toilets</p>	<p>Provides temporary shelter for displaced residents during a disaster</p> <p>Management Options: Government Government managed- partner resourced Government and NGO partner. NGO Independent (Ad Hoc or pop-up not affiliated with emergency management system) Constituent based (i.e., run by an organization for a specified constituency (private company for employees and families, a faith-based organization solely for congregations and family members)</p>	<p>Pre-identified facilities coordinated through whole community stakeholder groups.</p> <p>Can provide residents with a variety of support services during the period they are displaced</p>	<p>Not ideal for extended (over 2 week) stays-privacy, public health</p> <p>The longer sheltering services are sustained the more resource intensive operations become.</p>	<p>Information Hydration Meals Snacks Access to individual recovery services. Sanitation and Hygiene resources. Laundry. Transportation. Access to schools. Health Service Support Behavioral Health Support Solid and Liquid Waste Capacity and disposal plan Medical Waste handling and disposal</p>
<p>Multi-Agency Resources Consideration for Congregate Shelters- State procurement policy compliant contracts for Mass Care support; Direct Federal Assistance; Reimbursement of eligible expenses under Category B Emergency Protective Measures; Local Government (Emergency Management, Law Enforcement, Fire Department, Human Services, Dept. of Health, Dept. of Education) NGO's, faith-based organizations; Transportation contracts (patient transport vans, limo services)</p>				

Mass Care Services Strategies and Sites				
SHELTERING- Non-Traditional Sheltering				
TYPE OF SITE	DESCRIPTION AND PURPOSE	BENEFITS	RISKS/CONSTRAINTS	RESOURCE SUPPORT CONSIDERATIONS
<p>Mega Shelters: Require a unified, multi-agency coordination structure.</p> <p>Open Space Sheltering</p> <p>Tent Sheltering</p> <p>Camper and RV Sheltering.</p>	<p>Widespread threat or impacts increases population at risk or impacted by the disaster or threat.</p> <p>Includes sites not conventionally used for congregate care— ships, tent shelters, temporary camps, temporary prefab buildings, Fairgrounds, Arenas, Municipal Theaters, Convention Centers and adjacent parking areas co-located at those facilities. .</p> <p>Temporary Camps- Max pop. 5000 occupants per site.</p>	<p>Can provide accommodation for large segment of the population</p> <p>Centralizes support requirements for wrap arounds services</p> <p>Reduces logistics support footprint</p>	<p>Operating costs typically higher</p> <p>Requires additional staffing for security: crowd control, etc.</p> <p>Increases challenges for in providing accurate population and service information.</p> <p>Requires a broader scope and expanded scale of internal support and infrastructure resources.</p> <p>Requires detailed accessibility assessment-and planning particularly for mobility device access.</p>	<p>Information</p> <p>Hydration</p> <p>Meals</p> <p>Snacks</p> <p>Access to individual recovery services.</p> <p>Sanitation and Hygiene resources.</p> <p>Laundry.</p> <p>Transportation.</p> <p>Access to schools.</p> <p>Health Service Support</p> <p>Behavioral Health Support</p> <p>Increased safety and security resources</p> <p>Requires an increased level of staffing and coordination for sustained operations.</p> <p>Scheduling conflicts with corporate centers, convention centers, arenas and fairgrounds for recurring or scheduled events.</p> <p>Pre-established contracts to streamline activation difficult to obtain.</p>

			<p>If not a hardened facility (temporary camps, campgrounds) ground conditions may deteriorate over time.</p> <p>Requires significant resource coordination and support</p>	<p>Increased resource requirements for support of diverse populations in congregate facilities</p> <p>Solid and Liquid Waste Disposal Medical Waste Handling and Disposal</p>
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Mass Care Services Strategies and Sites				
SHELTERING- Non-Traditional Sheltering				
TYPE OF SITE	DESCRIPTION AND PURPOSE	BENEFITS	RISKS/CONSTRAINTS	RESOURCE SUPPORT CONSIDERATIONS
<p>Non-Congregate Shelters Hotels</p> <p>Dorm Style accommodations for individuals and family units Hotels</p>	<p>Can be used to mitigate risk of infection and disease spread in a Communicable disease environment.</p> <p>Can be leveraged to decrease risk for populations at greatest risk from exposure or infection.</p> <p>Can be leveraged to improve safety and quality of life for populations with unique needs.</p>	<p>Reduces risk of communicable disease and other public health issues</p> <p>Higher level of privacy for residents</p>	<p>Cost to contract facility and/or rooms</p> <p>Coordinating support for individual spaces creates addition coordination requirements</p> <p>Requires additional resource and transportation support for evacuee populations.</p> <p>Prescheduled events and competing demands (first responders, other disaster responders) may pose availability constraints.</p> <p>Insufficient space options to meet needs of all impacted</p>	<p>Assess and identify accessibility of facilities for support of families with pet, individuals with AFN and DI support needs.</p> <p>For open space sheltering- Tent villages, campgrounds, RV and tent support in parking lots. Establish registration and resources support protocols.</p> <p>Consider initiating pre-established contracts for sites and support-detailed statements of work should include required human and material resources.</p> <p>Resources and support to maintain local public health and safety standards.</p> <p>Air intake and output consideration for individual spaces.</p> <p>Health and safety measures for sanitation.</p>

			population may be an issue	
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Mass Care Services Strategies and Sites				
SHELTERING				
TYPE OF SITE	DESCRIPTION AND PURPOSE	BENEFITS	RISKS/CONSTRAINTS	RESOURCE SUPPORT CONSIDERATIONS
Shelter-in-place	<p>Extended emergency situations requiring population to remain in their homes</p> <p>Catastrophic scenarios where compromised infrastructure and supply chain disruption require public mediation measures for self-sustainment in structurally sound but damaged residences or locations.</p> <p>Service options: Hub and spoke support service model with or safe public areas and locations. (i.e., businesses, public offices and facilities, open space locations adapted for provision of service).</p> <p>Point to point Delivery- service route or delivery to individual residences or other shelter in place locations.</p>	<p>May help mitigate disease transmission for viral infections</p> <p>Supports implementation of social distancing</p> <p>Easiest measure to implement in no-notice events</p> <p>People remain in their location with access to their own resources.</p>	<p>Access to resources</p> <p>May increase safety risks or vulnerability to hazard or event</p> <p>May require evacuation support after immediate threat has passed or is contained.</p> <p>Safe egress routes and support in place if safety conditions change.</p> <p>Requires consideration of public health and public safety risks and appropriate measures and resources to mitigate concerns</p> <p>Limited individual access to resources and services</p>	<p>Emergency Supplies</p> <p>Commodity Food and Water support</p> <p>Public Health and Medical oversight and messaging</p> <p>Safety and evacuation messaging</p> <p>Consolidated information points for latest information on threat, hazards, public health and public safety concerns.</p> <p>Coordinated strategy for points of distribution or point to point distribution of emergency supplies</p> <p>Access to virtual health service and behavioral health support resources.</p>
<p>Shelter in place resources through State and Federal Programs for declared events: FEMA Blue Roof Program; Shelf-stable meals; Potential resources for human resource support at Points of Distribution (POD) and point to point distribution: NGO's, Community Emergency Response Team (CERT), National Guard, Civil Air Patrol (CAP), Transportation Security Administration (TSA), AmeriCorps and FEMA Corps, Federal mission assignments; contracts for Crisis counseling and mental health services</p>				

Mass Care Services Strategies and Sites				
FEEDING				
TYPE OF SITE	DESCRIPTION AND PURPOSE	BENEFITS	RISK/CONSTRAINTS	RESOURCE SUPPORT CONSIDERATIONS
Fixed Feeding	<p>Venues that provide meals at scale to large populations</p> <p>Food service delivered from a stationary location. A fixed feeding site may also be a permanent facility, such as a church or school that may be used as a shelter.</p>	<p>Meals distributed at fixed locations like shelters, community centers or Disaster Assistance Centers efficient method of reaching a large number of people</p>	<p>Challenges in maintaining food safety standards, difficult to coordinate options for diverse population needs</p>	<p>Catering agreements, food service contracts, NGO agreements or other methods of securing service. Deploying field kitchens is resource intensive and set up time can take up to 96 hours.</p> <p>As restaurants reopen decisionmakers must balance economic impacts on local business with needs of affected residents.</p>
Mobile Feeding	<p>Meals delivered by vehicle to impacted areas</p>	<p>Meals distributed in neighborhoods or along designated routes. Provides convenience for residents conducting repairs and clean up if grocery stores and restaurants are impacted</p>	<p>Challenges in maintaining food safety standards, difficult to coordinate options for diverse population needs</p> <p>Providing equitable service on diverse routes can be challenging</p>	<p>See above</p> <p>AND</p> <p>Providing equity of service to all impacted neighborhoods, particularly those from diverse cultures and those socio-economically challenged, and geographically remote areas can be challenging.</p>

Mass Care Services Strategies and Sites				
DISTRIBUTION OF EMERGENCY SUPPLIES				
TYPE OF SITE	DESCRIPTION AND PURPOSE	BENEFITS	RISK/CONSTRAINTS	RESOURCE SUPPORT CONSIDERATIONS
Mobile Distribution: Community Routes	<p>Delivery of emergency supplies using a van, truck, or other vehicle on a designated route to reach neighborhoods affected by the disaster.</p> <p>Utility (power or water) disruption</p> <p>Commercial supply chain disruption of private sector food systems (grocery) and household items.</p> <p>Significant impacts and large concentration of population returning to impacted area conducting clean up and restoration on their property (typically post windstorm and/or flooding events)</p>	Accessible to those without means of transportation	<p>For large-scale disasters, it is difficult to guarantee service to all disaster survivors.</p> <p>This may not be an optimal delivery method in urban areas, given limited access to survivors in high rises.</p> <p>Security and safety of mobile teams.</p>	
Mobile Distribution Household	<p>Delivery of emergency supplies directly to residents' homes, often when sheltering in place for Communicable disease or Chemical, Biological, Radiological, Nuclear, and Explosives (CBRNE) type events. May be necessary in urban areas to reach survivors in high rises with no power.</p>	Accessible to those without means of transportation	<p>Significant manpower and knowledge of specific household needs required.</p> <p>Health and safety concerns for distribution staff.</p>	

Mass Care Services Strategies and Sites				
DISTRIBUTION OF EMERGENCY SUPPLIES				
TYPE OF SITE	DESCRIPTION AND PURPOSE	BENEFITS	RISK/CONSTRAINTS	RESOURCE SUPPORT CONSIDERATIONS
Fixed Site Distribution: Pedestrian Walk-Up	Delivery of emergency supplies from a fixed location such as a community center, school, or church. Distribution may be provided from inside the building or outside, such as from under a tent or from the back of a vehicle. Walk-up sites allow for personal contact with the survivors.		Limits amount of product that can be transported by disaster survivors. In addition to actual distribution area, requires sufficient parking, with ingress and egress. Sites can become crowded with long lines.	
Fixed Site Distribution: Drive-Through	Delivery of emergency supplies from an open area at a fixed location such as a parking lot. Drive-up sites are best when a large volume of disaster survivors is expected to arrive in vehicles. However, available parking is limited to encourage the quick and continuous distribution of supplies as vehicles move through the site.		Does not allow for personal interaction with disaster survivors. Sites can cause traffic control issues. Disaster survivors must have access to a vehicle.	
POINT DISTRIBUTION TO SHELTERS OR LACs	Delivery of supplies to shelter residents, in coordination with sheltering efforts, as part of long-term sheltering during large scale disasters.		Open access may attract non-shelter residents to shelters, possibly overwhelming the shelter.	

			Limited storage capacity for shelter residents to secure items.	
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Mass Care Services Strategies and Sites			
REUNIFICATION			
Methodology	DESCRIPTION AND PURPOSE	RISK/CONSTRAINTS	RESOURCE SUPPORT CONSIDERATIONS
Access to Reunification Systems	<p>Access to communication channels using telecommunications and internet services.</p> <p>Provides opportunities to connect family members and loved ones via email, social media, emergency reunification software applications and formal reunification systems</p>	<p>Electronic systems may not be available.</p> <p>Need to prioritize EMS and first responders may delay access for displaced population and their loved ones and family members.</p>	<p>Establish protocol for manual registration upload once in areas where service is available</p> <p>Prioritize EMS and first responders</p>
Physical Reunification	<p>Reuniting geographically separated family members through: Identifying missing children, reuniting unaccompanied minors with their parents/guardians, assisting displaced families and individuals who are safe and in communication but require assistance to travel to a safe location.</p>	<p>Privacy and Information sharing concerns.</p> <p>Special consideration for risks and safety of unaccompanied minors, seniors and individuals with unique special needs including cognitive and behavioral support.</p> <p>Resources for support of travel to safe location</p>	
Emergency Welfare Inquiries	<p>Direct service for critical situations including people with serious, pre-existing health, behavioral health, disability integration or access and functional support needs.</p> <p>Resources can be directed to locate the missing family member and to assist with direct communication</p>	<p>Privacy and Information sharing consideration.</p> <p>Degree of Infrastructure damage (e.g., communication, transportation access).</p> <p>Qualified staff to meet service needs- must understand protocols to mitigate</p>	<p>Identification of protocols and resources to provide support for direct welfare inquiries and follow-on actions for reunification.</p> <p>Red Cross may be able to provide resources (material and human) in support of welfare inquiries</p>

	between the displaced person and their support resources.	personal safety risks and privacy considerations for displaced individuals.	
Reunification of the Missing, Injured, or Deceased with Families	<p>Support reconciliation of reports of missing, injured, and deceased persons information reported in multiple reunification systems, evacuation tracking systems, registries, social media, and other information sources.</p> <p>Coordination among reunification operations and health/social service systems (e.g., hospitals, nursing homes, assisted living, Departments of Aging/Disabilities) to encourage patients/clients to register in reunification systems.</p> <p>Does not include notifying families of fatalities.</p>	<p>Effectiveness is dependent on level of pre-disaster coordination among participating agencies/organizations</p> <p>Limitations of existing systems for data storage and sharing among agencies.</p> <p>Lack of methodology for reconciliation of information collected in disparate systems.</p> <p>PII and HIPAA considerations for patients and fatalities may restrict information sharing and require additional consideration.</p>	<p>Consider identification or development of a single shared technological resource, such as a common database or adapted system used for reporting, that is shared among qualifying agencies who can maintain standards to address privacy and safety concerns for displaced individuals.</p> <p>Pre-disaster: Establish aligned understanding of PII storage and information sharing limitations between supporting agencies and organizations.</p>
<p>Reunification or Missing Persons Call Center</p> <p>This method should not include notification to families of disaster related fatalities.</p>	<p>Call center – either physical site location in or near the area or a virtual center managed remotely.</p> <p>Call center staff operate via accessible well-publicized single website or app address and/or a toll-free telephone number</p> <p>Staff supporting App, web-based system or call center field inquiries for missing individuals using an</p>	<p>Redundancy of effort if multiple organizations setting up call centers without prior coordination.</p> <p>Providing call center information</p> <p>Lack of a common systems to reconcile and analyze information including missing persons, patient locations, and fatalities.</p>	<p>The NCMEC can establish the National Emergency Child Locator Center at the request of a State to FEMA after a Presidentially-declared disaster.</p> <p>For locally generated systems- Staff with qualified personnel and provide just in time training for call protocols to preserve safety and welfare of individuals displaced by the disaster.</p>

<p>Call centers can relieve dispatch center call volume.</p>	<p>established risk and safety protocol compliant system. .</p>		
<p>Reunification Multi-Agency Coordination Center (R-MACC) and Reunification Coordination System (RCS)</p>	<p>An R-MACC co-locates supporting agencies and organizations involved in reunification operations.</p> <p>Purpose: facilitate information sharing and to streamline operations.</p> <p>Typically established at the state level. Includes local/State/Federal emergency management (Mass Care), law enforcement, fatality management, health and social services, non- governmental organizations, mental health resources, household pets and services animal reunification, and others</p> <p>May also include a reunification and or missing persons call center.</p> <p>Reunification Coordination System (RCS) is the process used by supporting agencies and organizations for reunification services.</p> <p>A national R-MACC consists of national organizations with reunification expertise, systems and</p>	<p>Lack of common definitions and coordination of processes among reunification service providers.</p> <p>Lack of a coherent organizational structure and assignment of responsibilities.</p> <p>Limited resources and staff needed to stand up an R- MACC.</p>	

	tools may be implemented at the request of a State and, potentially, in a multi- State catastrophic incident.		
Family Assistance Center (FAC)	Family Assistance Centers (FAC) are established to provide individual assistance services, including reunification. May established and used exclusively for fatality management activities.	News media focus may impact privacy of survivors if family members are supported at a facility or site location and its location becomes public.	Transportation resources for Funding for survivors/family members to FAC.

MASS CARE SERVICE STRATEGIES AND SITES			
ADDRESSING COMMUNICABLE DISEASE RISKS			
<p>To reduce the risk of communicable disease in Communicable disease environments planning assumptions and required resources for risk mitigation resources, nonpharmaceutical intervention measures, health and safety resources and allotted sq. feet per person factors all increase.</p> <p>Resource shortfalls of necessary resources for health and safety measures may require additional coordination and support between emergency management, mass care providers and public health authorities.</p> <p>May require additional planning and support for diverse populations in shelters.</p>			
<p>Communicable disease Considerations- Resources</p> <p>Masks, Additional sanitation supplies, Health Screening</p> <p>Single serve box meals.</p> <p>Space requirements per individual increases from 60 sf per person to 110 sf per individual</p> <p>Service space requirements for dining and meal service also increase to implement social distancing measures</p> <p>Additional adaptation and resources for dividing public use space, additional hand washing stations, planning to reduce contact during meal service and dining. (Additional detailed information throughout this annex)</p> <p>Consider expanding site selection to Department of Education affiliated independent school health, physical education and recreation spaces to meet population with Access Functional Needs and Disability integration support needs.</p> <p>Implement targeted recruiting and just in time training to increase human resource support to meet unique needs of diverse populations.</p>			

Sacramento Operational Area: Participating Cities with Demographic Factors and Special Districts

	Sacramento County, California	Sacramento city, California	Elk Grove city, California	Citrus Heights city, California	Folsom city, California	Rancho Cordova city, California	Galt city, California
Sacramento Operational Area Participating Jurisdictions 2015 to 2019 ACS Survey Data							
Population estimates, July 1, 2019, (V2019)	1,552,058	513,624	174,775	87,796	81,328	75,087	26,536
Population estimates base, April 1, 2010, (V2019)	1,418,735	466,383	152,995	83,184	72,147	64,804	23,703
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	9.40%	10.10%	14.20%	5.50%	12.70%	15.90%	12.00%
Persons under 5 years, percent	6.30%	6.60%	6.10%	5.80%	5.50%	7.60%	5.80%
Persons under 18 years, percent	23.40%	23.10%	25.90%	20.70%	24.20%	24.70%	26.00%
Persons 65 years and over, percent	14.50%	13.10%	12.60%	16.20%	12.60%	11.70%	12.80%
Persons in poverty, percent	12.60%	16.60%	8.10%	11.50%	5.60%	13.30%	9.10%
With a disability, under age 65 years, percent, 2015-2019	7.80%	7.70%	6.40%	11.00%	4.20%	10.10%	6.50%
Persons without health insurance, under age 65 years, percent	6.80%	6.60%	2.80%	6.90%	2.70%	7.20%	6.40%
Per capita income in past 12 months (in 2019 dollars), 2015-2019. \$	32,751	31,956	36,069	30,884	47,874	29,911	28,878
Veterans, 2015-2019	77,463	21,682	8,175	5,690	4,093	4,744	1,602

Sacramento Operational Area: Participating Cities with Demographic Factors and Special Districts

Population per square mile, 2010	1,470.80	4,764.20	3,626.80	5,854.70	3,290.20	1,933.20	3,987.00
Land area in square miles, 2010	964.64	97.92	42.19	14.23	21.95	33.51	5.93
Owner-occupied housing unit rate, 2015-2019	56.40%	48.50%	74.90%	56.80%	69.50%	55.00%	71.60%
Median value of owner-occupied housing units, 2015-2019	\$ 351,900	336,900	406,300	297,700	524,100	299,800	331,100
Median selected monthly owner costs -with a mortgage, 2015-2019.	\$ 1,925	1,869	2,188	1,692	2,556	1,828	1,839
Median selected monthly owner costs -without a mortgage, 2015-2019	\$ 539	518	650	498	733	523	550
Median gross rent, 2015-2019	\$ 1,252	1,263	1,695	1,260	1,710	1,212	1,225
Households, 2015-2019	543,025	185,331	53,182	34,079	27,836	25,508	8,160
Persons per household, 2015-2019	2.76	2.66	3.2	2.54	2.63	2.85	3.16
Median household income (in 2019 dollars), 2015-2019	\$ 67,151	62,335	93,780	62,276	114,405	65,307	75,638
Language other than English spoken at home, percent of persons aged 5 years+, 2015-2019	32.70%	37.80%	34.60%	19.40%	22.60%	33.90%	33.50%
Households with a computer, percent, 2015-2019	94.20%	93.50%	96.90%	93.80%	97.00%	94.30%	93.00%
Households with a broadband Internet subscription, percent, 2015-2019	87.90%	86.60%	92.70%	86.20%	94.40%	88.00%	89.00%
Total health care and social assistance receipts/revenue, 2012 (\$1,000) (c)	\$ 12,358,663	7,027,206	436,957	145,727	591,834	1,105,815	No Data
In civilian labor force, total, percent of population age 16 years+, 2015-2019	62.70%	63.60%	63.70%	64.30%	61.60%	67.30%	64.10%
In civilian labor force, female, percent of population age 16 years+, 2015-2019	58.40%	59.80%	59.00%	59.70%	59.50%	61.40%	56.80%
Mean travel time to work (minutes), workers aged 16 years+, 2015-2019	27.8	26.2	32.7	26.9	26	26.6	33.6
Total accommodation and food services sales, 2012 (\$1,000) (c)	\$ 2,422,674	1,145,662	212,480	113,158	169,317	136,537	19,333
Total manufacturers' shipments, 2012 (\$1,000) (c)	\$ 6,960,679	3,149,760	111,020	3,178	198,940	1,083,353	No Data
Total retail sales, 2012 (\$1,000) (c)	\$ 15,227,280	4,363,259	1,823,782	1,029,670	1,639,528	929,080	192,103

Sacramento Operational Area: Participating Cities with Demographic Factors and Special Districts

Total retail sales per capita, 2012(c)	\$	10,501	9,176	11,468	12,132	22,342	13,867	7,893
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Sacramento Operational Area: Participating Cities with Demographic Factors and Special Districts

<p><u>Cemetery Districts</u> <i>Elk Grove-Cosumnes Cemetery District</i> <i>Fair Oaks Cemetery District</i> <i>Galt-Arno Cemetery District</i> <i>Sylvan Cemetery District</i> <i>Community Services Districts</i> <i>Cosumnes Community Services District</i> <i>Rancho Murrieta Community Services District</i> <i>San Juan Community Services District</i></p>	<p><u>Fire Districts</u> <i>Courtland Fire District</i> <i>Delta Fire Protection District</i> <i>Herald Fire District</i> <i>Natomas Fire Protection District</i> <i>Pacific Fruitridge Fire Protection District</i> <i>River Delta Fire District</i> <i>Sacramento Metropolitan Fire District (Metro Fire)</i> <i>Walnut Grove Fire District</i> <i>Wilton Fire Protection District</i></p>	<p><u>Recreation and Park Districts</u> <i>Arcade Creek Recreation and Park District</i> <i>Arden Manor Recreation and Park District</i> <i>Arden Park Recreation and Park District</i> <i>Cordova Recreation and Park District</i> <i>Fair Oaks Recreation and Park District</i> <i>Fulton-El Camino Recreation and Park District</i> <i>North Highlands Recreation and Park District</i> <i>Orangevale Recreation and Park District</i> <i>Rio Linda-Elverta Recreation and Parks District</i> <i>Southgate Recreation and Park District</i></p>
<p><u>Water Districts</u> <i>Carmichael Water District</i> <i>Citrus Heights Water District</i> <i>Clay Water District</i> <i>Del Paso Manor County Water District</i> <i>Fair Oaks Water District</i> <i>Florin County Water District</i> <i>Omochumne-Hartwell Water District</i> <i>Rio Linda/Elverta Community Water District</i> <i>Sacramento Suburban Water District</i></p>	<p><u>Conservation Districts</u> <i>Florin Resource Conservation District</i> <i>Granite Resource Conservation District</i> <i>Lower Cosumnes Resource Conservation District</i> <i>Sloughhouse Resource Conservation District</i></p>	<p><u>Reclamation Districts</u> <i>3, 317, 341, 349, 369, 407, 551, 554, 556, 563, 744, 755, 800, 813, 1000, 102, 1601, 2067, 2110, 2111</i></p>
<p><u>Maintenance District</u> <i>Brannan-Andrus Levee Maintenance District</i></p>	<p><u>Mosquito and Vector Control District</u> <i>Sacramento-Yolo Mosquito and Vector Control District</i></p>	<p><u>Sacramento River District</u> <i>Sacramento American River</i></p>
<p><u>Sanitation District</u> <i>Sacramento Regional County Sanitation District</i></p>	<p><u>Sewer District</u> <i>Sacramento Area Sewer District</i></p>	<p><u>Utility District</u> <i>Sacramento Municipal Utility District (SMUD)</i></p>

Sacramento Operational Area EOC Functions and Primary and Support Agencies

EOC FUNCTIONS	Agricultural Commissioner	Animal Care & Regulation	Coroner	County Counsel	County Executive	County Fire Coordinator	County Recorder	Department of Technology	Environmental	Finance Department	General Services	Health & Human Services	Human Assistance	Municipal Services	Office of Emergency Services	Regional Parks	Personnel Services	Probation	Sheriff's Department	Water Resources	School Districts	Hands On Superior	United Way	American Red Cross/ Other NGO	
Access & Functional Needs													S				P								
Alerting & Warning						P									S				S		S				
Animal Control	S	P																							
Care & Shelter													S	P											
Communi-cations								P							S										
Construction & Engineering														P											
Coroner			P																						
Donations																								P	
Evacuation		S																	p						

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Facilities												P												
Finance/ Recovery						S				P					S									
Fire & Rescue						P																		
Flood Control																				P				
Health and Medical							S			S		P												
Law Enforcement																S		S	P					
Legal Considerations					P																			
Management						P									S									
Personnel																	P							
Procurement											P													

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Public Information						P									S										
Situation Analysis	S	S	S	S			S	S	S	S	S	S	S	S	P	P	S	S	S	S	S	S	S	S	S
Traffic Control														S					P						
Transportation											S	S	S	P					S						
Utilities											S			P											
Vital Records							P																		
Volunteers																						P			

Sacramento Operational Area Agencies/Organizations with Mass Care Capability

Agency	Agency or Organization Mission and Services	DISASTER CAPABILITY
<p>Department Human Assistance</p>	<p>Sacramento County Department of Human Assistance 2,000 skilled and dedicated employees each day to plan, implement and oversee a spectrum of programs and services designed to move people from public assistance to independence. DHA's mission of fostering self-sufficiency among those it serves touches every facet of daily life, from employment, housing and health care to transportation, education, and childcare. Guided by the specific needs of the Sacramento community, DHA's primary goal is to create and carry out programs and activities that help families and individuals reach their highest potential. The Department of Human Assistance helps Sacramento County residents who are in need become self-sufficient and independent, by providing public benefits, employment assistance, and supportive services. The Department of Human Assistance helps Sacramento County residents who are in need become self-sufficient and independent, by providing public benefits, employment assistance, and supportive services. The Sacramento County Department of Human Assistance brings together more than 2,000 skilled and dedicated employees each day to plan, implement and oversee a spectrum of programs and services designed to move people from public assistance to independence. DHA's mission of fostering self-sufficiency among those it serves touches every facet of daily life, from employment, housing and health care to transportation, education, and childcare. Guided by the specific needs of the Sacramento community, DHA's primary goal is to create and carry out programs and activities that help families and individuals reach their highest potential. The Department of Human Assistance helps Sacramento County residents who are in need become self-sufficient and independent, by providing public benefits, employment assistance, and supportive services. The Department of Human Assistance helps Sacramento County residents who are in need become self-sufficient and independent, by providing public benefits, employment assistance, and supportive e services.</p>	<p>PRIMARY AGENCY OPERATIONAL COORDINATION HUMAN SERVICE SME INIDIVIDUAL RECOVERY RESOURCE SME</p>
<p>Department of Health Services</p>	<p>We deliver health, social, and mental health services to the Sacramento community. We direct resources toward creative strategies and programs which prevent problems, improve well-being, and increase access to services for individuals and families. To further our mission, we seek close working relationships among staff, with other government offices, and within the community.</p>	<p>SUPPORTING AGENCY OPERATIONAL COORDINATION DISASTER HEALTH SERVICES OVERSIGHT</p>

Agency	Agency or Organization Mission and Services	DISASTER CAPABILITY
Public Health Preparedness	Sacramento County Public Health has the overall responsibility of protecting the public's health in an emergency. To protect your health, we have developed comprehensive emergency response plans in coordination with local, state, and federal agencies, as well as private health care providers and the American Red Cross.	SUPPORT AGENCY PRIMARY OVERSIGHT DISASTER PUBLIC HEALTH AND PANDEMIC SME
General Services	<p>The Department of General Services provides facility and fleet maintenance services for the County, as well as central purchasing and contract management, printing and scan services, interoffice mail, surplus property management, warehousing, facility planning and design services, real estate management and construction inspection and management. Facility Planning & Management includes architectural services, master planning, County owned and leased space planning, energy management, lease development and environmental stewardship of County owned facilities. Facility Operations encompasses 3 maintenance districts that maintain almost 6 million square feet of County owned facilities and equipment, as well as custodial and security services.</p> <p>Fleet Operations manages the acquisition and maintenance for 3,200 light and heavy fleet vehicles and equipment, as well as the County Parking Enterprise.</p> <p>Department Administration includes Information Technology support, Budget development, Accounting, Allocated Cost Plan, as well as Support Services (Print/Scan services, Mail Messenger, and Warehousing). Contract and Purchasing Services Division (CAPSD) is a central purchasing activity supporting all County departments, and purchases lease goods, contracts for professional services, independent contractors, and construction services.</p>	ALLIED AGENCY LOGISTICS SUPPORT FOR MC FACILITIES/TRANSPORTATION
Department of Child Family & Adult Services	<p>Provides administrative support for the County employees who help to provide health and social services to the families and seniors of the Sacramento Community.</p> <p>Directs resources toward creative strategies and programs that prevent problems, improve well-being, and increase access to services for individuals and families.</p> <p>Close working relationships among staff, with other government offices, and within the community.</p>	PRIMARY PARTNER RESOURCES AND SUPPORT FOR DIVERSE POPULATION AFN AND DI CHILDREN SENIORS
Child Protective Services		PRIMARY PARTNER UNACCOMPANIED MINORS REUNIFICATION
Senior and Adult Services	The Senior and Adult Services Division (SAS) is committed to serving older adults and people with disabilities in Sacramento County by providing protection from abuse, neglect and exploitation while striving to preserve their independence and self-determination. Adult Protective Services, In Home Support Services, Public Guardians, Public Administrator,	ALLIED DIVERSE POPULATIONS SENIORS

Agency	Agency or Organization Mission and Services	DISASTER CAPABILITY
	<p>Senior Volunteer Services. Advocate for clients in a variety of situations, for example, with landlords, doctors, hospitals, treatment programs and other social services. Arrange for direct services such as meal delivery, transportation and immediate assistance with emergency situations. Coordinate and consult with other providers to ensure the best possible service for the client.</p>	
<p>In Home and Supportive Services</p>	<p>In-Home Supportive Services (IHSS) is a Medi-Cal based program that is funded by county, state and federal dollars. The goal of the IHSS program is to allow low income aged, blind, and disabled persons, including children, who are at risk for out-of-home placement, to remain safely at home by providing payment for care provider services. IHSS is considered an alternative to out-of-home care, such as nursing homes or board and care facilities. The types of services which can be authorized through IHSS are housecleaning, meal preparation, laundry, grocery shopping, personal care services (such as bowel and bladder care, bathing, grooming and paramedical services), accompaniment to medical appointments, and protective supervision for the mentally impaired.</p>	<p>ALLIED DIVERSE POPULATIONS SENIORS</p>
<p>Behavioral Health Services</p>	<p>To provide a culturally competent system of care that promotes holistic recovery, optimum health, and resiliency. Multiple programs and resources including Mental Health Access Team- assessment, linkage, and referral. Both Mental Health Medical providers and Prevention and early intervention and mental Health Respite Service Providers. Child, Youth and Family Mental Health</p>	<p>ALLIED MC DISASTER MENTAL HEALTH OVERSIGHT SME DIVERSE POPULATIONS BEHAVIORAL HEALTH RESOURCES</p>

Agency	Agency or Organization Mission and Services	DISASTER CAPABILITY
DMH Child Youth and Family Mental Health	<p>Outreach and Engagement Services: Consultation and Support Engagement Team (CSET) for Commercially Sexually Exploited Children (CSEC) Program – provides community centered, culturally attuned, flexible, evidence-informed, and effective outreach and engagement activities to youth ages 12 to 21 who are being or are at risk of being exploited. For referrals and/or information, call: (916) 844-2426</p> <p>Sacramento Early Detection and Preventive Treatment (SacEDAPT) – provides integrated, comprehensive preventive outreach, education, and treatment services targeting the presence or early onset of psychosis, to youth ages 12-30. For referrals and/or information, call phone: (916) 734-7251</p> <p>Youth Help Network (YHN) – provides community centered, culturally, and generationally attuned, flexible, evidence-informed, and effective outreach, and crisis support to Transition Age Youth (TAY) ages 16 to 25. For referrals and/or information, call: (833) 333-2YHN http://www.starsyouth.net/</p>	ALLIED MC DISASTER MENTAL HEALTH RESOURCES INDIVIDUAL RECOVERY
DMH Crisis Services	<p>Crisis Services: TAY Crisis Residential Program – is a 24-hour, 7-day a week residential program with a primary focus on providing alternatives to acute care for individuals, ages 18-29, experiencing a mental health crisis. For referrals and/or information, call: (916) 890-3000 Mental Health Urgent Care Clinic – provides services on a walk-in basis to individuals of all ages who are experiencing a mental health and/or co-occurring substance abuse crisis. Monday–Friday, 10am–10pm (last walk-in at 5pm) 2130 Stockton Boulevard, building 300, Sacramento, CA 95817 Phone: (916) 520-2460 The Source– is a 24/7 call center that provides immediate phone response, mobile crisis intervention and referral services to children and youth up to age 26 and their caregivers. For referrals, call (916) 787-7678 or (916) SUPPORT</p>	ALLIED MC DISASTER MENTAL HEALTH RESOURCES BEHAVIORAL HEALTH SUPPORT INDIVIDUAL RECOVER

Agency	Agency or Organization Mission and Services	DISASTER CAPABILITY
Access Clinician	<p>Licensed clinical social worker, also known as an Access Clinician, providing in-person office hours at various Sacramento County emergency shelters. New office hours allow clients to talk to a clinician when they are ready to seek treatment services. After meeting with the Access Clinician, individuals are given a recommended plan and linkage to contracted providers for ongoing services or referrals to appropriate resources to meet their needs. currently working to provide these in-person clinical screening services to address both mental illness and substance use disorders at publicly funded emergency shelters operated by the Salvation Army, Sacramento Self-Help Housing, Next Move, Volunteers of America Housing Services and Wind Youth Services.” community-based program provides mental health services and alcohol/drug treatment assessments aiming to reduce the long-term negative impact on individuals and families from untreated serious mental illness. The programs are funded through the Sacramento County Mental Health Services Act (MHSA) and plans for each MHSA component are the result of local community planning processes. The programs contained in the plan work together with the rest of the system to create a continuum of services to better meet the needs of our diverse community. Since May 2018, Sacramento County Behavioral Health Services, working with contracted providers, have housed 624 individuals that had been homeless. Contract providers work directly with the community to build relationships with clients and property owners - improving the lives of people in our community. It is the collaboration with County departments, contract providers, community groups, stakeholders and other jurisdictions within our region that has contributed to rehousing an average of 52 individuals a month.</p>	<p>PARTNER DIVERSE POPULATIONS BEHAVIORAL HEALTH SUPPORT TEMPORARY HOUSING RESOURCES</p>
OES	<p>The Sacramento County Office of Emergency Services (Sac OES) coordinates the overall Sacramento Countywide response to large scale incidents and disasters. Sac OES is responsible for alerting and notifying appropriate agencies when disaster strikes, coordinating all agencies that respond, ensuring resources are available and mobilized in times of disaster; developing plans and procedures in response to and recovery from disasters; and developing and providing preparedness materials for the public. Additionally, Sac OES administers and coordinates the Homeland Security grants for the county of Sacramento.</p>	<p>ALLIED AGENCY LOGISTICS OPERATIONAL COORDINATION</p>

Agency	Agency or Organization Mission and Services	DISASTER CAPABILITY
Animal Care and Regulation	<p>Primary responsibility for coordination of ESF 11 activities and services- Supports the responsible jurisdictions and coordinates activities during emergencies impacting the agriculture and food industry and supports the recovery of impacted industries and resources after incidents.</p> <ul style="list-style-type: none"> • Nutrition assistance • Animal and plant disease and pest response • Food safety and security • Natural and cultural resources and historic properties protection and restoration • Safety and well-being of household pets AKC Pet Disaster Relief provides trailers to tax-exempt organizations who provide animal care services during the first 72 hours following a disaster, before FEMA support and services are deployed. The AKC trailers help to create a safe, temporary home-base for at least 65 pets immediately after a disaster is declared. 	<p>PRIMARY AGENCY PETS PET MC STRATEGIES SME PET REUNIFICATION PET SUPPORT NETWORK AND IDENTIFICATION OF RESOURCES</p>
County Sheriff's	<p>Primary Agency for the Law Branch in coordination with support from School Districts, Probation and regional parks, coordinates law enforcement personal supporting for the Alert and Warning- support for evacuations Coordinates law enforcement personnel and equipment to support responsible law enforcement agencies, coroner activities and public safety in accordance with Law Enforcement and Coroner's Mutual Aid Plans.</p> <ul style="list-style-type: none"> • Facility and resource security • Security planning and technical resource assistance • Public safety and security support • Support to access, traffic, and crowd control 	<p>PRIMARY AGENCY FOR LAW BRANCH ALLIED AGENCY SECURITY REUNIFICATION</p>
Environmental Health Division	<p>Environmental Health is the prevention, preservation, and improvement of environmental factors affecting the health and safety of our community. We are a regulatory enforcement agency operating as part of the County of Sacramento, Environmental Management Department. The common title of our staff is "Health Inspector," but the official title is "Environmental Health Specialist."</p>	<p>ALLIED AGENCY FOOD SAFETY SME COORDINATION WITH PUBLIC HEALTH FOR COMMUNICABLE DISEASE SUPPORT</p>
Office of Education	<p>The Sacramento County Office of Education (SCOE) providing services which complement and supplement those offered by public school districts in Sacramento County. SCOE provides technical assistance, curriculum and instructional support, staff development, legal and financial advice, and oversight to Sacramento County school districts.</p>	<p>ALLIED AGENCY PRIMARY POC FOR SCHOOL DISTRICTS REUNIFICATION</p>
Public School Districts within Sacramento County	<p>Public Schools and Districts in Sacramento County, Superintendent POC</p>	<p>ALLIED REUNIFICATION FACILITIES TRANSPORTATION RESOURCES?</p>

Agency	Agency or Organization Mission and Services	DISASTER CAPABILITY
Medi-Cal	<u>Helps county residents without other medical coverage obtain health services at area clinics.</u>	ALLIED DISASTER HEALTH SERVICES RESOURCE INDIVIDUAL RECOVERY
County Medically Indigent Services Program	The County Medically Indigent Services Program (CMISP) provides medically necessary care to all eligible indigents who are residents of Sacramento County. It is a program of “last resort” available to residents who do not have or are not eligible for other health care coverage. Persons who need to apply for health care coverage programs including CMISP may do so at the time they request medical services.	ALLIED DISASTER HEALTH SERVICES RESOURCE DIVERSE POPULATIONS
DHS Volunteer Services	Sacramento County Department of Health Services (DHS) Volunteer/Student Intern Services (VSI) Office. We have three divisions that offer opportunities ranging in clerical, administrative, to professional programs. SPIRIT Medical practitioners (active or retired) with a valid license and in good standing can volunteer their services at County clinics, or provide services through their own offices, as part of the SPIRIT (Sacramento Physicians' Initiative to Reach Out, Innovate, and Teach) Project.	ALLIED DISASTER HEALTH SERVICES POTENTIAL HUMAN RESOURCES
211 Connect	cooling and warming center coordination, information sharing, resource data information etc....connection to Listos and other programs.	OPERATIONAL COORDINATION
DMH Respite Services	<p>Respite Services:</p> <p>Gender Health Center – provides short-term respite services and provides time-limited breaks in a safe environment for unserved and underserved youth and adults ages 18 and over, who identify as lesbian, gay, bisexual, transgender, queer, questioning or allied adults who are experiencing stress due to life circumstances. For referrals or info., call: (916) 455-2391 2020 or visit 29th Street, Room 101, Sacramento, CA</p> <p>Sacramento LGBT Community Center Q Spot – provides mental health respite care, via a drop-in center and supportive services, to unserved and underserved transition age youth ages 13 through 23 who identify as lesbian, gay, bisexual, transgender, and/or questioning. For referrals and/or information, call: (916) 442-0185 or visit 1015 20th Street, Sacramento, CA</p> <p>Wind Youth Services – provides respite services via a drop-in center or pre-planning that are short-term and provide limited breaks in a safe environment for unserved and underserved youth ages 13 to 25 who are experiencing overwhelming stress due to life circumstances. For referrals and/or information, call: (916) 628-1492 or visit 815 S Street, Sacramento, CA</p>	ALLIED DISASTER MENTAL HEALTH SUPPORT RESOURCES DIVERSE POPULATIONS LGBTQ INDIVIDUAL RECOVERY SUPPORT NETWORK

Agency	Agency or Organization Mission and Services	DISASTER CAPABILITY
<p>Substance Use Prevention and Treatment Services</p>	<p>We provide prevention and treatment services for alcohol and drug use/abuse. We contract with an array of community-based service providers throughout Sacramento County. The range of services provided through these organizations includes outpatient treatment, medication-assisted treatment, withdrawal management (detoxification), residential treatment, perinatal services, and sober living environments/recovery residences. For more information, please call the Substance Use Prevention and Treatment Services System of Care at (916) 874-9754 for adults or (916) 875-0185 for Youth (under the age of 18). Service Provided By: Behavioral Health Services (916) 874-9754 for adults (916) 875-0185 for Youth (under the age of 18)</p>	<p>ALLIED BEHAVIORAL HEALTH SUPPORT RESOURCE</p>

Agency	Agency or Organization Mission and Services	DISASTER CAPABILITY
<p>DHA Homeless Services Division</p>	<p>Sacramento County Department of Human Assistance provides a multi-departmental response to homelessness from immediate crisis response services to rehousing, and longer-term stabilizing services that help individuals transition to permanent housing stability. CalWORKs Housing Support Program (HSP): Supports CalWORKs recipients experiencing homelessness with obtaining permanent housing. Includes assistance with move-in costs and limited-term rental subsidies.</p> <p>Family Homelessness Response and Shelter System: Works to reduce barriers to accessing emergency shelter for families experiencing homelessness by centralizing registration via an electronic portal; allowing pets; expanding the definition of a family; removing restrictive funding; and removing time limits.</p> <p>Mather Community Campus: Provides shelter and transitional housing programs for single adults, families with minor dependent children and Former Foster Care Youth including Shelter for up to 140 single adults; Transitional Housing for up to 25 families; and Transitional Housing for up to 58 Former Foster Youth with 10 additional units provided off-campus. Flexible Supportive Rehousing Program: Supplies intensive case management and permanent housing services to 250 frequent users of County jail and Behavioral Health Services.</p> <p>Flexible Housing Pool: Supplies limited-term intensive case management services and housing services for persons and families experiencing homelessness. Participants of this program are referred in through collaboration with county Departments, local cities, the Continuum of Care and Outreach Navigation services. Homeless Prevention and Intervention Services for Transition Age Youth: Supplies prevention, diversion and intervention services for youth aged 18-24 years who are homeless or at imminent risk of homelessness.</p> <p>Full-Service Rehousing Shelter: Supplies shelter, case management and rehousing assistance for up to 115 persons experiencing homelessness, based on referrals.</p> <p>North A Street Shelter: Supplies outreach and shelter services for 80 individuals in the River District. Return to Residency: A bus ticket is supplied for persons newly arriving in Sacramento County, faced with homelessness and no means of support. The destination must be the person’s verified place of residency where housing and ongoing support have been confirmed.</p>	<p>ALLIED DIVERSE POPULATIONS UNHOUSED/PRECARIOUSLY HOUSED INDIVIDUAL RECOVERY SUPPORT RESOURCE NETWORKING LONG TERM RECOVERY-HOUSING TEMPORARY HOUSING RESOURCE AND COORDINATION</p>

Agency	Agency or Organization Mission and Services	DISASTER CAPABILITY
CalWORKS	The Sacramento County CalWORKS Wellness Team provides counseling services to help break down barriers to employment for CalWORKS eligible customers. Services include: • Confidential assessment and treatment of mental health and substance abuse needs. • Authorization and referral to intensive alcohol and drug treatment if needed. • Referrals for medication evaluation and support if needed. • Linkage to resources and tools to assist with recovery. To access services, call the CalWORKS Wellness Team referral line at (916)875-3309 or request a referral from Department of Human Assistance staff.	ALLIED INDIVIDUAL RECOVERY RESOURCES
Job Programs	The CalWORKS Program is California’s replacement of the Aid to Families with Dependent Children (AFDC) Program. Also known as Temporary Assistance to Needy Families (TANF), this program provides cash assistance for eligible families with children (time-limited for non-exempt adults). In 2013, 33,000 families received CalWORKS in Sacramento County.	ALLIED INDIVIDUAL RECOVERY RESOURCES
Senior Volunteer Opportunities	(Retired--Senior-Volunteer-Program).aspx for 40 years, the Retired and Senior Volunteer Program (RSVP) has built support on the premise that volunteering is not only good for the community, but good for volunteers. RSVP promotes volunteerism and helps people over 50 find their perfect volunteer niche among 100 community agencies in Sacramento, Placer and Yolo Counties. Volunteers may choose from a wide variety of activities including tutoring children or adults; serving as docents for cultural events, nature centers or museums; giving clerical support or consultant services; making friendly visits to the isolated elderly; preparing, serving, or distributing food, just to name a few. RSVP also has short term and one-time only opportunities. For more information,	ALLIED INDIVIDUAL RECOVERY RESOURCES HUMAN RESOURCE SUPPORT FOR NEEDS ASSESSMENTS AND CASEWORK?
Cal Fresh	For large scale disasters the CalFresh Program (also known as the Disaster Supplemental Nutrition Assistance Program [D-SNAP]) may be used to meet the temporary nutritional needs of survivors following a natural disaster. Sacramento CalFresh serves as part of the feeding work group on the mass care task force at the county EOC if DSNAP is authorized.	ALLIED DIVERSE POPULATIONS INFANTS TOODLERS CHILDREN
Foster Care- Resource Parent	The Foster Care (FC) Program supplies cash and Medi-Cal benefits for providers of out-of-home care for children placed into foster care by Sacramento County Child Protective Services (CPS) or the Probation Department.	ALLIED DIVERSE POPULATIONS FAMILIES' INFANTS TOODLERS CHILDREN

Agency	Agency or Organization Mission and Services	DISASTER CAPABILITY
Emergency Family Shelter	<p>To be eligible for services at emergency family shelters, family must include at least one legal parent/guardian of children under the age of 18 or 19 and enrolled in high school. If family is currently homeless and living in a car, tent, or somewhere unsafe, please continue to complete this registration.</p> <p>If you are currently housed but need support, please call 2-1-1 and ask to speak with someone about diversion assistance.</p>	<p>INDIVIDUAL RECOVERY RESOURCES TEMPORARY HOUSING SUPPORT NETWORK</p>
United Latinos	<p>Variety of Public Health and Local advocacy programs. Messaging services, identifying unmet needs.</p>	<p>DIVERSE POPULATIONS ADVOCACY AND RESOURCE NETWORK REUNIFICATION MESSAGING</p>
Sacramento LGBT Community and Legal Assistance		<p>DIVERSE POPULATIONS ADVOCACY AND RESOURCE NETWORK REUNIFICATION MESSAGING</p>
PFLAG		<p>DIVERSE POPULATIONS ADVOCACY AND RESOURCE NETWORK REUNIFICATION MESSAGING</p>
Sacramento Steps Forward (SSF) Continuum of Care	<p>Leadership and engagement for the unhoused and precariously housed. Day-to-day collaboration with partners throughout the county. Established systems and identified resources for support of those facing homelessness. Robust data and analytics capability can assist with both local recovery planning efforts as well as helping to inform the barriers to recovery faced by the unhoused and precariously housed who are displaced by the disaster. Subject matter expertise in systems level change, addressing racial inequities and creating solutions for broadening access to service.</p> <p>Homeless Response System Planning- Sacramento City and County Continuum of Care (CoC) is lead agency for U.S. Department of Housing and Urban Development (HUD) funding and planning activities. SSF supports the membership of the CoC board with information, expertise, data, coordination, and recommendations for action. The board is a 25-member body of local stakeholders that makes decisions about funding and guide conversations about homelessness policy and programs. SSF is also responsible for a variety of HUD-mandated tasks, including administering the Point-in-Time Count and the coordinated entry system.</p> <p>Coordinated Entry & Outreach- SSF operates the Sacramento CoC coordinated entry system and convenes the CoC Board Coordinated Entry System Committee. Work focuses on</p>	<p>DIVERSE POPULATIONS UNHOUSED AND PRECARIOUSLY HOUSE</p> <p>DATA SUPPORT RESOURCES FOR TRANSITION TO RECOVERY</p> <p>POTENTIAL ININDIVIDUAL RECOVERY SUPPORT RESOURCE DURING TRANSITION TO RECOVERY</p>

Agency	Agency or Organization Mission and Services	DISASTER CAPABILITY
	<p>building equitable access to housing resources. Skilled navigators match people experiencing homelessness to the best resources available to meet their needs.</p> <p>Funding & Grant Management- SSF assists the Sacramento CoC with investing and managing state and federal funding. Supports CoC public process to decide what activities and projects should receive funding. Staff works with selected agencies and their projects to ensure compliance with funding requirements. Subject matter expertise for compliant use of funds and assistance with reporting how funds are used. .</p> <p>Data Management & Analytics SSF administers the Homeless Management Information System (HMIS). The system collects client-level data on housing and services for people experiencing homelessness. Data focuses on system performance to inform system-wide change development and at a project level helps evaluate performance. Data is used to produce federally mandated reports and informs development of initiatives and changes to existing programs to help end homelessness.</p>	
Next Move Homeless Service	Our 85-bed Family Shelter campus provides emergency shelter with intensive supportive services to homeless families with dependent children, including single fathers and males over the age of 14. Our Family Shelter is for families with minor children under the age of 18 years in their permanent custody.	DIVERSE POPULATIONS UNHOUSED AND PRECARIOUSLY HOUSED
Sacramento Loaves and Fishes	As the largest homeless service provider in Sacramento, Loaves & Fishes is a 501(c)(3), charitable, non-profit organization dedicated to providing warm meals, essential survival supplies and services for nearly 1,000 adults and children daily. To keep our services barrier-free, we do not solicit or accept government funds and are supported instead, by the investment of individual and private donations from the greater Sacramento community. In the spirit of radical hospitality modeled after activist and leader of the Catholic Worker Movement, Dorothy Day, we refer to people seeking our services as “guests” creating a space of welcome, respite, and belonging. Multiple programs and resources in support of the poor, underserved and unhoused.	DIVERSE POPULATIONS UNHOUSED AND PRECARIOUSLY HOUSED

Agency	Agency or Organization Mission and Services	DISASTER CAPABILITY
<p>Homeless Outreach Team</p>	<p>The goal of the HOT program is to reduce homelessness and homeless-related calls for service by:</p> <p>Ongoing personal contact between the HOT officers and homeless individuals to increase trust and make referrals to service providers.</p> <p>Development of multi-agency partnerships to increase collaboration between law enforcement and service providers to assist the homeless in becoming self-sufficient.</p> <p>Working closely with local outreach organizations to coordinate medical and mental health services, housing, and employment for homeless individuals.</p> <p>Enforcement of law violations (i.e., trespassing, illegal camping, public intoxication, aggressive or prohibited panhandling, etc.).</p> <p>To accomplish their mission, HOT officers will focus on “The Three E’s”</p> <p>Education of homeless individuals on what services are available through the local Continuum of Care.</p> <p>Building of rapport and providing Encouragement to homeless individuals upon every contact to accept services to make a change in their situation.</p> <p>Taking Enforcement action when education and encouragement have failed or if the situation dictates immediate action.</p> <p>The goal of the HOT program is to reduce homelessness and homeless-related calls for service by:</p> <p>Ongoing personal contact between the HOT officers and homeless individuals to increase trust and make referrals to service providers.</p> <p>Development of multi-agency partnerships to increase collaboration between law enforcement and service providers to assist the homeless in becoming self-sufficient.</p> <p>Working closely with local outreach organizations to coordinate medical and mental health services, housing, and employment for homeless individuals.</p> <p>Enforcement of law violations (i.e., trespassing, illegal camping, public intoxication, aggressive or prohibited panhandling, etc.).</p> <p>To accomplish their mission, HOT officers will focus on</p> <p>“</p> <p>∅</p> <p>∅</p>	<p>DIVERSE POPULATIONS UNHOUSED AND PRECARIOUSLY HOUSED</p>

Agency	Agency or Organization Mission and Services	DISASTER CAPABILITY
Coroner	<p>The Sacramento County Coroner’s Office is designed to help you by providing important information about what you should know if you are faced with the loss of a loved one. Once a deceased person is in our jurisdiction, we provide family with information such as how to obtain a death certificate and other relevant information to help them during a very difficult time. The primary function of our investigators and pathologists is to determine the cause and manner of death through careful examination of the deceased and other significant evidence. This duty is carried out with respect for the deceased and compassion for the families as they deal with the processes involved in bringing closure to their loss.\</p>	<p>ALLIED REUNIFICATION PRIMARY AGENCY FATALITY MANAGEMENT AND COORDINATION</p>
Veterans Services Sacramento County	<p>Available benefits are primarily from the U.S. Department of Veterans Affairs (VA), but they also assist in obtaining earned veterans' benefits from the State of California and local government entities. Service-Connected Disability Compensation Benefits Non Service-Connected Disability Pension Benefits Dependency Indemnity Compensation (DIC) Benefits Death Pension Benefits Aid & Attendance Entitlement VA Medical Care Eligibility & Access Vocational Rehabilitation Benefits California College Fee Waiver Program VA Life Insurance State Veterans Homes Requests for Military Records Discharge Upgrade Information Burial Benefits Other Ancillary Benefits & Programs</p>	<p>ALLIED INDIVIDUAL RECOVERY RESOURCES DIVERSE POPULATIONS</p>
SacRT	<p>The regional transit provider in the capital of California (the 5th largest economy in the world), operating over 80 bus routes (fixed-route, microtransit and dial-a-ride), 43 miles of light rail serving 52 light rail stations and ADA paratransit services all within a 400 square-mile service area throughout Sacramento County, which includes service in the cities of Sacramento, Citrus Heights, Elk Grove, Folsom and Rancho Cordova. SacRT is committed to operating a world-class transit system with state-of-the-art service. Buses and light rail trains operate 365 days a year. Buses operate daily from 5 a.m. to 11 p.m. every 12 to 60 minutes, depending on the route. Light rail trains begin operation at 4 a.m. with service every 15 minutes during</p>	

Agency	Agency or Organization Mission and Services	DISASTER CAPABILITY
	<p>the day and every 30 minutes in the evening. Blue Line and Gold Line trains operate until 12:30 a.m. Green Line trains operate every 30 minutes, Monday through Friday, from approximately 6 a.m. to 8:30 p.m.</p> <p>Annual ridership was approximately 21 million passengers in FY 2019. Weekday light rail ridership averages about 40,000 while weekday bus ridership averages approximately 37,000 passengers per day.</p> <p>Mobility solutions include on-demand microtransit services in the nation called "SmaRT Ride." SmaRT Ride offers convenient and affordable on-demand service in nine areas: Arden, Carmichael, Citrus Heights, Downtown-Midtown-East Sacramento, Folsom, Franklin-South Sacramento, Gerber-Calvine, North Sacramento and Rancho Cordova.Â</p>	
SacRT Paratransit	<p>SacRT began operating paratransit services on Sunday, June 28, 2020. The service is called SacRT GO Paratransit Services.</p> <p>For all information and services related to SacRT GO call 916 321-BUSS (2877), select option #2, for Reservations select option #2 again. The reservations line is open from 8:00 a.m. to 5:00 p.m.</p> <p>Passengers can schedule up to two days prior to when they want to take their trip, however they must be scheduled up to 5:00 p.m. the day before.</p> <p>SacRT GO will operate whenever the Fixed Route Service or Light Rail service operates depending on the routes. Currently, the service can start as early 4:30 a.m. to 1:00 a.m. (Blue Line).</p> <p>All previous policies for ADA paratransit service and Non-ADA service remain in effect, SacRT GO is providing both services.</p> <p>Visit SacRTGO.com to learn more.</p>	
Resources for Independent Living Sacramento	<p>Our services embody the corporal works of Mercy: to feed the hungry, give drink to the thirsty, shelter the homeless, clothe the naked, visit the sick, visit the imprisoned, bury the dead. Many programs and services are run in collaboration with staff and volunteers to strengthen the connection between our guests and the community at large.</p>	<p>ALLIED AFN AND DI RESOURCES AND SUPPORT AFN AND DI NETWORK</p>
Sierra Sacramento Valley Medical Society	<p>Sierra Sacramento Valley Medical Society runs SPIRIT program- retired physicians.</p>	<p>DISASTER HEALTH SERVICES RESOURCES</p>

Agency	Agency or Organization Mission and Services	DISASTER CAPABILITY
La Familia	<p>Programs Overview La Familia offers a range of programs to meet the needs of our diverse community in the following program areas:</p> <p>Behavioral and Physical Health La Familia provides Mental Health counseling services for children and youth ages 0 to 21 and their families.</p> <p>Family-driven mental health services are provided through home visitation, at school sites, at La Familia’s Maple Neighborhood Center, or at other locations as requested by families.</p> <p>Employment and Adult Education La Familia’s Training Center and Employment Services are available to all community members, and orientations are hosted every Wednesday from 10 – 11:30 a.m. Free services include: primarily employment support resources</p>	INDIVIDUAL RECOVERY RESOURCES

Agency	Agency or Organization Mission and Services	DISASTER CAPABILITY
<p>Opening Doors</p>	<p>Through a wide range of programs, we strive to provide tools and support for refugees, immigrants, survivors of human trafficking, and entrepreneurs in the Sacramento region.</p> <p>REFUGEE PROGRAMS Supporting refugee families through case management, culturally responsive counseling services, and mentorship.</p> <p>REFUGEE RESETTLEMENT PROGRAM INTENSIVE CASE MANAGEMENT TRAUMA AND CRISIS INTERVENTION PROGRAM IMMIGRATION LEGAL SERVICES</p> <p>Opening Doors provides high-quality, affordable legal services to refugees, survivors of crime, survivors of human trafficking, and other low-income individuals in Sacramento and surrounding counties.</p> <p>HEALTH PROGRAMS Opening Doors is committed to ensuring that our clients receive culturally and linguistically competent services to support successful social integration. By addressing social isolation, destigmatizing mental health, increasing empowerment, and focusing on wellness in all areas of life – we are supporting our clients on their path towards stability, self-sufficiency and belonging. ECONOMIC PROSPERITY PROGRAMS Helping underserved Sacramento area residents improve their economic situations by starting or expanding small businesses, taking control of their personal finances, and better understanding the US (United States) financial system.</p> <p>LATINO FINANCIAL CAPABILITY PROGRAM SMALL BUSINESS INVESTMENT REFUGEE CHILD CARE BUSINESS LICENSING</p>	<p>INDIVIDUAL RECOVERY RESOURCES DIVERSE POPULATIONS</p>
<p>The Shelter Emergency Response Team (ERT) Organization (DHA)</p>	<p>REFERENCED IN THE 2012 PLAN- STILL FUNCTIONING?</p>	<p>SHELTERING</p>

Agency	Agency or Organization Mission and Services	DISASTER CAPABILITY
Parks and Rec	<p>Support Agency in the law Branch. Sacramento County's Department of Regional Parks Coordinates law enforcement personnel and equipment to support responsible law enforcement agencies, coroner activities and public safety in accordance with Law Enforcement and Coroner's Mutual Aid Plans.</p> <ul style="list-style-type: none"> • Facility and resource security • Security planning and technical resource assistance • Public safety and security support • Support to access, traffic, and crowd control <p>Maintains and operates more than 15,000 acres of parks throughout the County. Our open spaces, multi-use trails, sports facilities, golf courses, river access and picnic areas offer outdoor adventure for every taste. We have developed strong partnerships with our volunteer and non-profit partners, with steady support from our elected officials. The heart and soul of our operations is our people - nearly one hundred employees who keep our parks safe, vibrant, and inviting.</p>	<p>ALLIED SUPPORT AGENCY LAW BRANCH RESOURCES FOR NON-TRADITIONAL (OPEN SPACE) SHELTERING</p>
Community Resource Project	<p>Provide a variety of programs in Energy and Weatherization services, Women, Infant and Children-Health programs, and Education with funding from the California Department of Community Services and Development, the California Department of Public Health, HUD, Department of Energy, SMUD, PG&E as well as local contract and grants.</p>	<p>INDIVIDUAL RECOVERY RESOURCES</p>
Housing for the Harvest	<p>Free housing support for Covid positive farmworkers, coordination of CDFA, La Familia, Sac County, sac county public Health, CA PH</p>	<p>INDIVIDUAL RECOVERY RESOURCES DIVERSE POPULATIONS</p>
Sacramento Food Bank and Family Services	<p>As the largest nonprofit provider of basic human needs in Sacramento County, we take our mission one-step further by offering educational opportunities and family support services that allow people who seek support to shape their best tomorrow. We are a place for hope and prosperity, a place where women and men, children and elders, are offered the tools they may need—food, clothes, education, technology, or just plain kindness—as they move toward a path of financial independence and self-sufficiency.</p>	<p>INDIVIDUAL RECOVERY RESOURCES PRIMARY PARTNER TRANSITION TO RECOVERY</p>
PAW Pantry	<p>To help keep pets and their people stay together and support our pet-loving community, the Sacramento SPCA is holding a twice-weekly drive thru #PAWPantry to provide free pet food to those who can't afford food or make it to the store.</p> <p>Anyone can visit the drive thru #PAWPantry taking place at the Sacramento SPCA located at 6201 Florin Perkins Road in Sacramento.</p>	<p>PETS</p>

Agency	Agency or Organization Mission and Services	DISASTER CAPABILITY
Animal Care and Regulation	Primary Agency for Animal Reunification	PETS
	AKC Pet Disaster Relief provides trailers to tax-exempt organizations who provide animal care services during the first 72 hours following a disaster, before FEMA support and services are deployed. The AKC trailers help to create a safe, temporary home-base for at least 65 pets immediately after a disaster is declared.	PETS
Sacrament SPCA	Coordination for lost and separated pets	PETS
Pet Food Pantry	Pet Food Donation Source	PETS
Sacramento SPCA		PETS
El Dorado Humane Society		PETS
SCOE Culinary Café	<p>The Culinary Café is a "school-to-world" partnership between educational programs within the Special Education Department. It serves students from throughout the county, offering the opportunity to learn skills necessary for success in the food services profession.</p> <p>Located on the Leo A. Palmiter Junior/Senior High School campus, the Culinary Café serves lunch on specific Thursdays during the traditional school year, typically from 12–1 p.m. on Thursdays, November through May. Reservations are required and a calendar is available listing menu items for the days the Café is open.</p>	FEEDING
California Department of Social Services Disaster Services Branch	<p>The Disaster Services Branch of the California Department of Social Services supports local emergency agencies to provide temporary shelter, feeding and other services for persons affected by a disaster or emergency. Shelters are generally opened and operated by the American Red Cross, assisted by local or county employees. Meals are provided at the shelters and are provided for disaster survivors who have been able to remain in their homes but are unable to prepare meals. The mass care and shelter disaster response function are delegated to the Disaster Services Branch of the California Department of Social Services through an Administrative Order by the California Governor's Office of Emergency Services (Cal OES). The Disaster Services Branch also assists in networking with/between counties. Additionally, the Branch tracks resources needed for care and sheltering with other state agencies and coordinates with the American Red Cross to assist in training for shelter operations.</p>	STATE PRIMARY AGENCY

Agency	Agency or Organization Mission and Services	DISASTER CAPABILITY
Volunteer Emergency Services Team	Response and training operations are augmented with trained members of the Volunteer Emergency Services Team (VEST), comprised of state employees from a variety of departments and agencies. Integrating response capabilities to address access and functional needs is a focus of the state's Mass Care and Shelter planning and response.	STATE RESOURCE
Functional Assessment Services Team (FAST)	The FAST program was started in 2007 and its purpose is to train and deploy people who have a background in working with or caring for people with a disability or access and functional need. During disasters or emergencies, these trained FAST members can be deployed to emergency shelters or other areas, such as mass feeding operations or assistance centers to assist those in need.	STATE RESOURCE
State Supplemental Grant Program	The California Department of Social Services, Disaster Services Branch, can provide grant assistance through two programs. They are the Individuals and Households Program (IHP) and the State Supplemental Grant Program (SSGP). Individuals and Households Program (IHP) The Individuals and Households Program (IHP) is a joint Federal and State program. The program can help following a Presidentially declared disaster when the federal assistance to IHP is implemented. Under IHP, the Federal Emergency Management Agency (FEMA) may provide awards in the form of rent, home repair or replacement, transportation repair or replacement, funeral expenses, personal property, medical, The County Medically Indigent Services Program (CMISP) provides medically necessary care to all eligible indigents who are residents of Sacramento County. It is a program of "last resort" available to residents who do not have or are not eligible for other health care coverage. Persons who need to apply for health care coverage programs including CMISP may do so at the time they request medical services, dental or other miscellaneous expenses. FEMA disaster assistance covers basic needs but does not normally compensate disaster survivors for their entire loss. Each situation is unique and is handled on a case-by-case basis. Anyone who suffers damage in a Presidentially declared disaster can register for assistance online at www.disasterassistance.gov or by calling the FEMA registration line, 1-800-621-3362. For the speech- or hearing-impaired, the number is 1-800-462-7585.State Supplemental Grant Program (SSGP) California's State Supplemental Grant Program (SSGP), administered by California's Department of Social Services, Disaster Services Branch, may provide grant funds to assist people who have suffered damage in a disaster area declared by the President when the federal assistance to IHP is implemented. The SSGP is 100 percent State funded. The grant may assist with any eligible items not already addressed by the IHP. However, individuals must have applied to FEMA and maximized the IHP award to be eligible for SSGP. State grants cover disaster-relief needs in the same categories as the IHP.	STATE RESOURCE

Agency	Agency or Organization Mission and Services	DISASTER CAPABILITY
<p>General Disaster Volunteer Info</p>	<p>Sacramento Medical Reserve Corp, the Regional Center for Volunteerism, and the Community Emergency Response Teams. Members generally have training and meeting prior to an emergency. Sacramento Medical Reserve Corp</p> <p>The Sacramento Medical Reserve Corps organizes active and retired medical and support volunteers, including doctors, nurses, and non-medical members, to support emergency responders in a disaster event such as: public health disaster, weather emergency, warming/ cooling centers, triage, flu shot clinics, first aid stations and other emergencies that could affect Sacramento County. If you would like to be a part of volunteer health team that is helping people during their time of need, learn more and join Sacramento Medical Reserve Corps!</p> <p>The Regional Center for Volunteerism - HandsOn Superior California HandsOn Superior California works with individuals, businesses, community groups, nonprofit organizations, and public agencies to transform good intentions into good works. HandsOn connects more than 8,000 volunteers a year to a variety of projects that serve many areas of interest. In disasters, HandsOn is designated by Sacramento County as the clearinghouse for spontaneous, unaffiliated volunteers in times of disaster or emergency and manages disaster volunteer programs.</p> <p>The HandsOn California Emergency Volunteer Corps is composed of pre-trained, volunteers who, in the event of disaster, would be called-upon to assist with coordinating spontaneous unaffiliated volunteers in disaster. Outside of disasters and emergencies, Emergency Volunteer Corps members may participate and provide support for other activities such as: local disaster drills, public health events, cooling/heating centers during extreme weather events, and emergency preparedness trainings.</p> <p>The Community Emergency Response Teams, or CERT, manage and train volunteers to respond in disasters. CERT is a program of the Federal Emergency Management Agency (FEMA) and training topics include fire safety, light search and rescue, team organization, disaster medical operations. There are also opportunities for Sacramento Community Emergency Response Team (CERT) training for citizens. The CERT program is an all-risk, all-hazard training program that educates volunteer members about disaster preparedness for hazards that may impact their area and trains them in basic disaster response skills. Metro Fire CERT, City of Folsom CERT, Elk Grove-Galt CERT</p>	<p>VOLUNTEERS</p>

Agency	Agency or Organization Mission and Services	DISASTER CAPABILITY
Sacramento Hotel Association	The Sacramento Hotel Association (SHA) is a nonprofit, professional trade organization of lodging properties representing more than 5,000 guestrooms in the greater Sacramento area. Our members represent a range of lodging properties. The association also represents allied businesses and suppliers engaged in the local hospitality industry.	NONCONGREGATE SHELTER

Sheltering: Planning Considerations and Resource Planning Assumptions

Shelter Planning Considerations	
Initiate- Opening Shelters	
	Coordinate with emergency management, the lead sheltering agency and other provider agencies to identify safe sites and locations for potential shelters
	Verify sheltering agency has completed pre-occupancy survey of facility with facility owner
	Confirm shelters are in a safe and secure area outside of any potential risk areas, e.g., flood plains, hazard sites
	Support assessments to verify site/facility meets ADA requirements and there is a plan in place to provide resources to meet any identified shortfalls
	Confirm sufficient material and human resources for the expected population
	Clarify roles at multi-agency shelters; confirm the availability of agencies to complete assigned roles for this specific shelter assignment.
Sustain/Stabilize Shelter Consolidations	
	Consolidation of shelters may be necessary for a variety of reasons including diminishing shelter populations; necessity of returning a shelter facility to its original use; ad hoc shelter management fatigue; to enhance provision of human services and logistical support
	Request assessments from local emergency management and agencies supporting sheltering to verify: <ul style="list-style-type: none"> • Sheltering needs of the community have been met • Receiving shelter is near the geographic area where most of the impacted individuals reside • Receiving shelter convenient to transportation hubs or transportation plan and accessible transportation plan to assist the survivors is in place
	Confirm local jurisdiction have planned to post closing notifications with at least 48 hours and preferably 72 hour's notice for the public and at shelters and at Mass Care service sites.
	Make public notifications through media and other resources with the best lead time possible; optimal lead time is 72 hours in advance of site consolidation or closing (48 hours at a minimum). Notifications must be equally accessible to people with disabilities and others who will need access to this information to take action.

Shelter Planning Considerations	
	Notify the suppliers and support vendors of pending closure to prepare for pick-up of equipment and termination of services (e.g. trash, sanitation services).
Transition to Recovery - Alternate Sheltering/Housing Solutions	
	Convene Shelter Transition Team- Representatives from agencies providing shelter, social service agency
	Implement strategy for Barriers to Recovery Assessment for remaining shelter residents who need assistance identifying alternate safe, accessible, affordable, and secure housing for themselves and their families
	Identify resources that will assist remaining shelter residents with individual recovery plans and transition from Mass Care sheltering to temporary or permanent housing solutions by convening local stakeholders in the housing and social service sectors
	Integrate local, county, state and federal entities with confirmed support resources for housing or temporary housing with the shelter transition team as resources are identified.
Demob- Closing Shelters	
	Confirm remaining shelter residents have met with case management staff and have a housing plan
	Confirm all contracted and county equipment, materials and supplies are accounted for and returned, and that the site and equipment are identified as available resources
	As needed work with supporting agencies to coordinate all remaining equipment and supplies are loaded onto their assigned trailers with a completed inventory list.
	Verify grounds and site inspections were conducted for close out- no debris or other items remaining.
	Confirm final site inspections scheduled between using agency and site owner/management t
	Schedule and complete pick up and return for all trailers and leased equipment (forklifts, pallet trucks, dumpsters, ramps, portable showers and toilets, etc.). Make sure that this is not done until all trailers are loaded and ready for pick-up.
	Confirm repairs and fiscal arrangements for any damage to facilities/sites or equipment sustained while in use for sheltering.

Types of Organizations and Sheltering Resource Support Capabilities

Organizations	Sheltering/Mass Care Resource Support Capabilities
Local Human Resources	<p>American Red Cross Sierra Delta Chapter providing service in Sacramento County and 11 other counties</p> <p>American Red Cross Gold Country Region provides oversight and support for the Sierra Delta Chapter and the North California Chapter which provides service in 14 counties.</p> <p>Combined Sheltering capability in the region can support up to X number of people, in X number of shelters with a capacity of X each including the provision of cot, blankets, comfort/hygiene items.</p> <p>Red Cross can also support mass care with resources for feeding in shelters, representatives in emergency operations and emergency coordination centers, mass care subject matter expertise for community feeding, distribution of emergency supplies reunification and initial recovery planning and casework for individuals impacted by disaster.</p> <p>If the resources required to meet the disaster caused mass care needs in the region, the Red Cross can draw upon its national system of mass care human and material resources to support the efforts of Sacramento County.</p> <p>Hands On Sacramento Salvation Army United Way 2-1-1</p>
Local Government	May be able to assist with human and material resources
Local lending closets and assistive technology reuse Programs	Provide, on a loan basis, or reconditioned durable medical equipment and assistive devices
Local public and private services	Home care, transportation, pharmacies, Durable Medical Equipment (DME), respite care, case management, housing, Oxygen (O2) delivery, etc.
Private sector	Able to assist with many human and material resources, a lead may be the local chamber of commerce, Pet Smart
Voluntary Organizations	State Voluntary Organizations Active in Disaster (VOADs) and Community Organizations Active in Disaster (COAD)s
Trade associations	Real Estate, restaurant associations, grocery associations
Academia	Universities: Interpreters, compilation of data, schools for the deaf, blind, dorm space, etc.
American Society for the Prevention of Cruelty to Animals (ASPCA), National Animal Rescue	Household Pet support

and Sheltering Coalition (NARSC), Humane Society	
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Detailed Shelter Staffing Resource Tables- Mass Care Sites and Shelters

Long-term / Mega-Shelters- General Staff				
A safe congregate care, environmentally protected facility utilized for durations typically not to exceed 2-weeks by populations displaced by an incident or event.				
Based on 1,000 residents, NOTE: Staffing is for 1 shift, daytime hours for shelter operation. Night shift needs supervisory and worker staffing based on activity level and situation.			Staffing levels and scaling factors are guidelines, Staffing for each shelter is situation dependent	
Management Team	Supervisor	Worker	Scaling Factor per population	Management staffing reflects day shift pattern
				Management staffing reflects day shift pattern
1				1 Shelter Manager I, per facility, with overall responsibility
1				1 Assistant Shelter Manager per shift;
		1		1 Administrative support person per facility
	1	6	Min 1:165,	Workers include a lead, typically 1 per 9 workers
1	1	10	Min 1:100,	Workers include a lead, typically 1 per 9 workers
1	1	9	Min 1:110,	Staffing is for food serving only, food preparation is not included; Workers include a lead, typically 1 per 9 workers
1	1	4	Min 1:250,	Accredited professional, {reference other documents and requirements of AHJ} Workers include a lead
Based on 1,000 residents,NOTE: Staffing is for 1 shift, daytime hours of shelter's operation.			Staffing levels and scaling factors are guidelines, staffing for each shelter is situational dependent.	

Long-term / Mega-Shelters- General Staff				
A safe congregate care, environmentally protected facility utilized for durations typically not to exceed 2-weeks by populations displaced by an incident or event.				
Night shift needs supervisory and worker staffing based on activity level and situation.				
Management Team	Supervisor	Worker	Scaling Factor per population	Notes:
1				Management staffing is for oversight and coordination of Resident Services & Support functions Daytime shift only
	2	15	1:8 children, average, Min 4	This staffing ratio is dependent on age of children and their emotional & behavioral needs. Other staff may be needed dependent on additional children's areas and services provided. Assume 25% of population are children and that no greater than 50% of children will require care at one time Scope of service is to provide temporary respite care for general population shelters, for day shift
	1			Activity, situation, and length dependent, Defer to organization or agency tasked with responsibility
	1	1	1:1000, min 1	Accredited professional
		1	1:1000, min 1	Coordinate briefing by incident personnel, access to information
	1	1	1:500, min 1	Probably 1 supervisor (not per shift); coordinate to welfare inquiry, technology systems

Long-term / Mega-Shelters- General Staff				
A safe congregate care, environmentally protected facility utilized for durations typically not to exceed 2-weeks by populations displaced by an incident or event.				
			as appropriate	Duty of dormitory workers, dependent on resources available
		1	as appropriate Min 1	Assume off site service, assisted by dormitory worker
	1		as appropriate	Probably 1 supervisor (overall, not per shift); Activity, situation, and length dependent
		3	Min 1:350	Activity, situation, and length dependent
			Min 1	Activity, situation, and length dependent;
Based on 1,000 residents, NOTE: Staffing is for 1 shift, daytime hours of shelter's operation. Night shift needs supervisory and worker staffing based on activity level and situation.				Staffing levels and scaling factors are guidelines, staffing for each shelter is situational dependent.
Management Team	Supervisor	Worker	Scaling Factor per population	Notes:
1				Management staffing is for oversight and coordination of Facility / Logistical Support functions; Daytime shift only
	1	4	1:200, min 1	Workers include a lead, typically 1 per 9 workers
	1	2	1:500, min 2	This staffing only supports the dock at venue

Long-term / Mega-Shelters- General Staff						
A safe congregate care, environmentally protected facility utilized for durations typically not to exceed 2-weeks by populations displaced by an incident or event.						
	1	10	1:100			Security staffing is a combination of building security, crowd management, and Law enforcement; Security needs to include, door guard, admission etc. A review of facility, resident demographics, and operations is necessary to determine appropriate staffing numbers; Workers include a lead, typically 1 per 9 workers
	1	1	as appropriate, min 1			Probably 1 supervisor (overall, not per shift); Hardware, software, telephone com, cell phone; Workers and support services staffed on an on-call or asneeded basis
		1	Min 1			Facility size and system dependent
			as appropriate, probably 1 at startup			By Manager on Duty (MOD); Activity and situation dependent
		1	as appropriate, min 1			Law enforcement or staff support through EOC, Facility size and traffic flow dependent
		1	as appropriate, min 1			Responsibility typically tasked to local agency for oversight and coordination; Probably 1 lead worker (not per shift) on site; Activity and situation dependent
			as appropriate			By MOD, activity and situation dependent
Household Pet Sheltering Coordination					1	Coordination role only, not pet care: Support Provide by local service or organization
Spiritual Care Services					1:250, min 0	Support on an On-Call basis is acceptable;

Long-term / Mega-Shelters- General Staff						
A safe congregate care, environmentally protected facility utilized for durations typically not to exceed 2-weeks by populations displaced by an incident or event.						
						Accredited professional,
Recovery Information and Resident Messaging				1	1:1000, min 1	Coordinate briefing by incident personnel, access to information; could be handled by shelter manager, based in incident and size.
Family Reunification						Assumes self registration on welfare inquiry system
Entertainment/Recreation					as appropriate	Duty of dormitory workers, Dependent on resources available
Laundry Service						
Client Transportation						
Distribution of Goods						
Postal Service						

Standard Short-Term Shelters- General Staff	
A safe congregate care, environmentally protected facility utilized for durations typically not to exceed 2-weeks by populations displaced by an incident or event.	
Based on 200 residents, NOTE: Management Team is for Shelter;	Staffing levels and scaling factors are guidelines, staffing for each shelter is situational dependent; For General Population Shelter Response staffing is for startup of shelter operations

Supervisor and Worker Staffing is for 1 shift. For Total Staffing multiply by number of shifts used.					Operations staffing is steady state occupancy
Management Team	Supervisor	Worker Response	Worker Operations	Scaling Factor per population	Notes:
					Worker is administrative support person
1					1 Shelter Manager II, per facility, with overall responsibility
1					1 Assistant Shelter Manager per shift;
		1		1	1 Administrative support person per facility
	1	1	1	1:165, min 1	Workers include a lead, typically 1 per 9 workers Adjust staffing level for control of line length during response phase
		2	2	1:100, min 1	Workers include a lead, typically 1 per 9 workers
		2	2	1:110, min 1	Workers include a lead, typically 1 per 9 workers
		1	1	1:250, min 1	Accredited professional {reference other documents and requirements of AHJ} Worker includes a lead Worker maybe optional during operations based on situation
		1	1	1:200, min 1	Accredited professional {reference other documents and requirements of AHJ} Worker includes a lead Adjust staffing level for control of line length during response phase Worker may be optional during Operations based on situation
Standard Short-Term Shelters A safe congregate care, environmentally protected facility utilized for durations typically not to exceed 2-weeks by populations displaced by an incident or event.					

Based on 200 residents, NOTE: Management Team is for Shelter; Supervisor and Worker Staffing is for 1 shift. For Total Staffing multiply by number of shifts used.					Staffing levels and scaling factors are guidelines, staffing for each shelter is situational dependent; For General Population Shelter Response staffing is for startup of shelter operations Operations staffing is steady state occupancy
Management Team	Supervisor	Worker Response	Worker Operations	Scaling Factor per population	Notes:
		4	2	1:12 children, average	Recommended staffing ratio vary by ages Toilet trained -5 years: 1:5 children 5 years - 9 years: 2:20 children 10 years - 12 years: 2:25 children 13 years - 18 years: 1:13 children Assume 25% population is children and that greater than 50% of children will require care Temporary respite care scope for general shelter, day shift
					Support provided by local service or organization
		1		1:1000, min 1	Accredited professional {reference other documents and requirements of AHJ}
		1		1:1000, min 1	Coordinate briefing by incident personnel, access to information
		1		1:500, min 1	Coordinate to welfare inquiry, technology systems Support service or assistance through EOC
				as appropriate	duty of dormitory workers, dependent on resources available
		1	1	as appropriate, min 1	Assume off site service, Length of shelter operation dependent Consider location / proximity Assisted by dormitory worker

				as appropriate	Coordinated by Manager on Duty with EOC to/with local resource/service
Standard Short-Term Shelters A safe congregate care, environmentally protected facility utilized for durations typically not to exceed 2-weeks by populations displaced by an incident or event.					
Based on 200 residents, NOTE: Management Team is for Shelter; Supervisor and Worker Staffing is for 1 shift. For Total Staffing multiply by number of shifts used.				Staffing levels and scaling factors are guidelines, staffing for each shelter is situational dependent; For General Population Shelter Response staffing is for startup of shelter operations Operations staffing is steady state occupancy	
Management Team	Supervisor	Worker Response	Worker Operations	Scaling Factor per population	Notes:
	1	1	1	1:200, min 1	
				1:500, min 1	This staffing only supports the dock at venue Specific staffing not required at base level, performed as a duty of general workers.
	1	2	2	1:100, min 1	Building security and crowd management min 1; per NFPA Life Safety Code 101 Security Supervisor could be by Manager on Duty; Size, situation, and demographics dependent Security needs to include, door guard, admission etc. A review of facility to determine appropriate staffing numbers Non building resources requested through EOC
		1	1	as appropriate, min 1	Hardware, software, telephone com, cell phone Worker maybe optional during Operations based on situation

		1	1	Min 1	Facility size and mechanical systems dependent Worker may be optional during Operations based on situation
				staff at 500 residents or greater	Consider need for POI at start up, based on intensity or activity Responsibility of Manager on Duty if not staffed
				as appropriate to location	By Manager on Duty , LE or staff support through EOC, facility size and traffic flow dependent
				as appropriate to situation	By Manager on Duty , Activity and situation dependent
				as appropriate to situation	By Manager on Duty , Activity and situation dependent
for daytime shift, all functions					
Standard Short-Term Shelters A safe congregate care, environmentally protected facility utilized for durations typically not to exceed 2-weeks by populations displaced by an incident or event.					
Based on 200 residents, NOTE: Management Team is for Shelter; Supervisor and Worker Staffing is for 1 shift. For Total Staffing multiply by number of shifts used.				Staffing levels and scaling factors are guidelines, staffing for each shelter issituational dependent; For General Population Shelter Response staffing is for startup of shelter operations Operations staffing is steady state occupancy	

Emergency Evacuation Shelters						
A safe congregate care, environmentally protected facility utilized for durations typically not to exceed 72 hours by populations displaced by an incident or event.						
Based on 500 residents, Staffing levels and scaling factors are guidelines, staffing for each shelter is						
NOTE: situational dependent;						
Staffing is for 1 shift. ▶ "Worker Optional" is situational dependent, (e.g. facility type and size,						
For Total Staffing multiply by number of shifts used. length of projected operation)						
Adjust staffing level for control of line length during response phase						
Core	Managem ent Team	Superviso r	Worker	Worker Optional	Scaling Factor per population	Notes:
Shelter / Facility Management						
Shelter Manager	1					1 Shelter Manager II, per facility, with overall responsibility
Assistant Shelter Manager	1					1 Assistant Shelter Manager per shift;
Executive Assistant				1		1 Administrative support person per facility

<p>Emergency Evacuation Shelters A safe congregate care, environmentally protected facility utilized for durations typically not to exceed 72 hours by populations displaced by an incident or event.</p>						
<p>Based on 500 residents, Staffing levels and scaling factors are guidelines, staffing for each shelter is NOTE: situational dependent; Staffing is for 1 shift. ▶ "Worker Optional" is situational dependent, (e.g. facility type and size, For Total Staffing multiply by number of shifts used. length of projected operation) Adjust staffing level for control of line length during response phase</p>						
Client Registration [1]	1	3	3	3	1:165, min 1	Workers include a lead, typically 1 per 9 workers
Dormitory Management [1]					1:200, min 1	Workers include a lead, typically 1 per 9 workers
Meal Service Feeding [1]					1:110, min 1	Workers include a lead, typically 1 per 9 workers
Mental Health / Crisis Counseling Services					1:100, min 0	Support on an On-Call basis is acceptable; ▶ Accredited professional, Worker includes lead
Public Health, Medical Health Services					1:100, min 1	Accredited professional (nurse or EMT is acceptable), Workers include a lead
Function Area	<p>Emergency Evacuation Shelters A safe congregate care, environmentally protected facility utilized for durations typically not to exceed 72 hours by populations displaced by an incident or event.</p>					

Emergency Evacuation Shelters						
A safe congregate care, environmentally protected facility utilized for durations typically not to exceed 72 hours by populations displaced by an incident or event.						
Based on 500 residents, Staffing levels and scaling factors are guidelines, staffing for each shelter is						
NOTE: situational dependent;						
Staffing is for 1 shift. ▶ "Worker Optional" is situational dependent, (e.g. facility type and size,						
For Total Staffing multiply by number of shifts used. length of projected operation)						
Adjust staffing level for control of line length during response phase						
Children's Areas	Management Team	Supervisor	Worker	Worker Optional	Scaling Factor per population	Notes:
Household Pet Sheltering Coordination				1		Coordination role only, not pet care: Support Provide by local
Spiritual Care Services					1:250, min 0	service or organization
Recovery Information and Resident Messaging				1	1:1000, min 1	Support on an On-Call basis is acceptable;
Family Reunification						Accredited professional,
Entertainment/Recreation					as appropriate	Coordinate briefing by incident personnel, access to information; could be handled by shelter manager, based in incident and size.
Laundry Service						
Client Transportation						

Sheltering Resources: Supplies and Equipment

These lists were adapted from the Commonly Used Shelter Items & Services Listing (CUSI-SL) Catalog, FEMA, September 2019. They are included here as a reference to identify commonly used supplies and equipment when assessing mass care sheltering resource needs.

Source: <https://nationalmasscarestrategy.org/?s=CUSI>

General Notes

Planning estimates are based on a one hundred (100) person shelter population for one (1) week per order, or as asked. These are comprehensive lists to address mass care needs in complex disaster for. They provide a reference list and support to develop planning assumptions for items that are commonly required to support mass care operation.

Sheltering Items				
Sheltering items include basic supplies needed to sustain shelter operations.				
Federal ID #	Item	Description	Quantity	Location of Commodities
SI-001	Blanket, Cotton	White, 66" x 90"	400 each	
SI-002	Cots, Enhanced Disaster Survivor (EDS)	H: 16" min w/mattress – 19" max w/mattress. Width: 30" min – 36" max Length: 80" min Unit Weight: 40 lbs. max Supports a minimum of 350 lbs.	100 each	
SI-003	Banquet Packs	Plastic Fork, Knife, Spoon and Napkin. 3-4 / per Person Daily	400 daily / 2,800 weeklies	
SI-004	Beverage Commodities	Includes Concentrated Drink Mix for Punch & Lemonade, Juice (Individual Bottles), Tea, & Instant Hot Chocolate) 3-4 Servings of 6-8 oz / per Person Daily	300 liters daily / 2,800 liters daily	
CM-093	Paper Cups, 12 oz.	100 per sleeve (5 sleeves per case)	500 cases	
SI-005	Bottled Water	3 Liters per Person Daily (1 Gallon per P/D)	300 liters / 2,100 liters daily	

Sheltering Items

Sheltering items include basic supplies needed to sustain shelter operations.

Federal ID #	Item	Description	Quantity	Location of Commodities
SI-006	Beverage Dispenser Insulated	Beverage Dispenser: 5 gallons, insulated. capable of hot and cold beverages. Brand name or equivalent to Cambro #500LCD	4 per shelter / 4,000 per shelter	
SI-007	Food Carrier Insulated	Food carrier-insulated, capable of storing hot and cold dishes. Brand name or equivalent to Cambro model #'s: 100MPCHL-158. UPCS180-401. UPCS160-110	6 per shelter / 6,000 per shelter	
SI-008	Paper Towel Dispenser	Model HWAPR-110	2 per shelter	
SI-009	Shelf Stable Meals	2 per Person Daily	200 daily	

Hygiene Kit Items

Red Cross typically has an ample supply of Hygiene Kit items in the Region to meet the needs of **XX people** (Identify Regional Capacity)

The individual hygiene kit components (Items #1-16) should be assembled into a small, water-resistant plastic bag with a re-closable zip lock mechanism.

Hygiene Kit Items

ID #	Item	Description	Quantity	Location of Commodities
HK-001	Antibacterial cleansing wipes	Travel pack of 15	100 each	J.I.T.
HK-002	Bar, Antibacterial Soap (i.e. - Dial)	1 oz. or less	100 each	J.I.T.
HK-003	Comb, Individual	Plastic, 5"	100 each	J.I.T.
HK-004	Deodorant, Unscented (No aloe)	1.5 oz. or less	100 each	J.I.T.
HK-005	Facial Tissue, 2 Ply	Travel Pack of 15	100 each	J.I.T.
HK-006	Hairbrush	Plastic with Medium Bristles	100 each	J.I.T.
HK-007	Hand & Body Lotion	2 oz. or less	100 each	J.I.T.

HK-008	Hand Sanitizer	2 oz.	100 each	J.I.T.
HK-009	Razor, 3 Blade with Cover	Disposable	100 each	J.I.T.
HK-010	Shampoo	2 oz. or less	100 each	J.I.T.
HK-011	Conditioner	2 oz. or less	100 each	J.I.T.
HK-012	Shaving cream	2.5 oz. or less	100 each	J.I.T.
HK-013	Toothbrushes, Adult	Soft Brush, in Wrapper	100 each	J.I.T.
HK-014	Toothpaste	.85 oz. or less	100 each	J.I.T.
HK-015	Mouthwash (antiseptic)	1.5 oz. or less	100 each	J.I.T.
HK-016	Washcloths	White, Cotton, 12" x 12"	100 each	J.I.T.
HK-017	Patch Handle Bag	Plastic, White, 15" x 18 x 4"	100 each	J.I.T.

Bulk Hygiene Items

ID #	Item	Description	Quantity (Min/Max)	Location
HK-018	Shower Caps	One Size Fits All	100 each	J.I.T.
HK-019	Shower Shoes, Adult	One Size Fits All	100 each	J.I.T.
HK-020	Shower Shoes, Child	One Size Fits all	100 each	J.I.T.
HK-021	Toothbrushes, Child	Individually Wrapped	25 each	J.I.T.
HK-022	Feminine Napkins	Travel Size Box of ten (10)	100 boxes	J.I.T.
HK-023	Feminine Product (e.g. - tampon)	Travel Size Box of ten (10)	100 boxes	J.I.T.
HK-024	Bathroom Tissue, (2) ply	1 Roll per Person	100 each	J.I.T.
HK-025	Bar Soap (e.g. - ivory)	1 oz. or less	25 each	J.I.T.
HK-026	Bath Towels	White, Cotton, 27" x 52"	100 each	J.I.T.

Shelter Cleaning Items

ID #	Item	Description	Quantity (Min/Max)	Location of Commodities
SC-001	All-purpose cleaner	Spray bottle, 32 oz./ 1 Quart	36 bottles	J.I.T.
CM-011	Bleach	32 oz. /1 Quart	20 bottles	J.I.T.
SC-003	Broom	Heavy Duty	6 each	J.I.T.
CM-012	Bucket, Plastic	Five (5) Gallon	6 each	J.I.T.
SC-005	Dustpan	17"	6 each	J.I.T.
SC-006	Gloves, Rubber	75 Large. 25 Medium	100 per shelter	J.I.T.
SC-007	Mop	20 oz. Mid-Grade Industrial Cotton	6 each	J.I.T.
CM-013	Paper Towel, one (1) Ply(e.g. – Scott)	11" x 8 ¾", 120 sheets per roll	200 rolls	J.I.T.
SC-009	Sponge, Standard	4 ¼" x 6"	25 each	J.I.T.
CM-002	Tall Kitchen Bags, Plastic	13-Gallon	200 each	J.I.T.
SC-011	Trash Bags (Heavy Duty; Roll of 20)	Large (42-Gallon)	100 each	J.I.T.

Miscellaneous Shelter Items (MSI)

ID #	Item	Description	Quantity (Min/Max)	Location Of Commodities
MI-001	Can openers, commercial	Manual for #10 cans	6 each	J.I.T.
MI-002	Caution Tape, Yellow	2" x 50 yards	2 rolls	J.I.T.

Miscellaneous Shelter Items (MSI)				
ID #	Item	Description	Quantity (Min/Max)	Location Of Commodities
HK-005	Facial Tissue, 2 Ply	100 Tissues per Box	15 boxes	J.I.T.
MI-004	Gloves, Food Handling	100 per box (75% Medium & Large;25% XL)	4 (M); 4(L). 3(XL) boxes	J.I.T.
CM-014	Hand Sanitizer, Large	8 oz. each with Pump	6 each	J.I.T.
CM-093	Insulated Paper cups, 12 oz.	100 per sleeve (5 sleeves per case)	500 cases	J.I.T.
CM-005	Lids with Holes for Straws	Plastic lid for 12 oz. Paper cups	1,000 each	J.I.T.
CM-035	Diapers, Adults	Extra-Large	60 each	J.I.T.
CM-036	Diapers, Adults	Large	60 each	J.I.T.
CM-037	Diapers, Adults	Medium (CM-037)	60 (M) each	J.I.T.
CM-038	Diapers, Adults	Small (CM-038)	60 (S) each	J.I.T.
CM-004	Magnifying Glass	Classic, 3" with 5X Magnification	2 each	J.I.T.
CM-006	Flexible Drinking Straws	100 each in Pack	25 packs	J.I.T.
CM-007	Duct Tape	2" x 60 Yards per Roll	12 rolls	J.I.T.
CM-008	CHUX Pads	Standard Size, 17" x 24"	1 box	J.I.T.
CM-009	Non-Latex Gloves	Non-Powder, Disposable, L	1 box (100 each)	J.I.T.
MI-016	Bio-Hazard Waste Bags	20 - 30 Gallon Waste Bags w/ "Infectious Waste" Print on pkg.	2 cases	J.I.T.
MI-017	Can Openers, Retail-Size	Manual for retail-size cans	3 each	J.I.T.

Leased Equipment and/or Contracted Services				
For items marked Accessible (**), ramps must include 12' of ramp for every 1' in rise.				
ID #	Item	Description	Quantity (Min/Max)	Location
FD-001	Fuel, diesel (FD)	Fuel	100 gallons per day for generators	Fuel Depot
FG-002	Fuel, gasoline (FG)	Fuel	(100 gals / 100,000 gals). TBD at time of disaster.	Fuel Depot
LE-001	Propane	Cylindrical Tanks / Gallons	250gals.	J.I.T.
LE-002	Portable toilets, Accessible **	Service 3 x Per Week	8 per shelter	J.I.T.

Leased Equipment and/or Contracted Services

For items marked Accessible (**), ramps must include 12' of ramp for every 1' in rise.

ID #	Item	Description	Quantity (Min/Max)	Location
LE-003	Hand-Washing Stations, Accessible **	Transportable Sink	4 each	J.I.T.
LE-004	Laundry Service	Service 3 x Per Week	Service for 100	J.I.T.
LE-005	Portable Shower Units, Accessible **	Transportable Shower Facility with Daily Service	25 each /50 each	J.I.T.
LE-006	Box Trucks, 24'	Cubed Storage Space on Truck, equipped (w/working lift-gates)	25 each /50 each	J.I.T.
LE-007	Commercial Truck Drivers	To Assist in Delivery of Commodities	TBD at time of disaster	J.I.T.
LE-008	Dumpsters	40 Yard with Daily Service	2 per shelter	J.I.T.
LE-009	Fresh Water	2,000 Gallons / Per Day	2,000 gals.	J.I.T.
GN-001	Generators (GN)	30 KW	1 per shelter	J.I.T.
LE-010	Forklifts, All Terrain	6,000 lbs.	1 per shelter	J.I.T.
LE-011	Pallet Jacks (Hand)	Standard / 3,500 - 4,500	2 per shelter	J.I.T.
LE-012	Hand Trucks (Dollies)	1,500 - 2,000 lbs. Capacity	1 per shelter	J.I.T.
LE-013	Reefer Trailers, 53' & 48'	Refrigerated Container Truck	1 per shelter	J.I.T.
LE-014	Dry Box Trailers, 53' & 48'	Dry Freight Trailers	2 per shelter	J.I.T.
LE-015	Power Washers	Pressurized Washers	4 per shelter	J.I.T.
LE-016	Grey Water	2,000 Gallon Tank	1 per shelter	J.I.T.
LE-017	Bio-Hazard Collection Service	10-Gallon Regulated Medical Waste System	1 per shelter with service	J.I.T.

Infant and Toddler (I/T) Kit

Planning estimate for one week based on 10% of 100-person shelter population being ten (10) infants and toddlers.

All baby formula should be “ready to use” or “ready to feed” pre-mixed bottles, not powder-based formula. Items #006 and #007 should be dispensed under supervision of shelter health services staff.

ID #	Item	Description	Quantity (Min/Max)	Location of Commodities
I/T-000	To order a Pre-Staged Kit of Items #001-026, use I/T-000			
I/T-001	Baby Food—Stage 2 (includes vegetables, fruit, and meat)	16 oz. daily per infant/toddler for six (6) infants / toddlers	672 oz. / week Range in container sizes: 3.5-4 oz. each	Distribution Center (D.C.)
I/T-002	Baby Cereal (e.g.-Gerber rice, barley, or oatmeal)	Dry, single grain	894 ounces per week Range in container size: 2 – 8 ounces	D.C.
I/T-003	Formula, Milk-based, Ready to Feed (already mixed with water) in bottles or cans [e.g.- Similac Ready to Feed]	32 oz. daily per infant for four (4) infants	894 ounces per week Range in container size: 2 – 8 ounces	D.C.
I/T-004	Formula, Soy-based, Ready to Feed (already mixed with water) [e.g. – Similac Isomil Advance]	32 oz. daily per infant for two (2) infants	448 ounces per week Range in container size: 2 – 8 ounces	D.C.
I/T-005	Formula, Hypoallergenic-hydrolyzed Protein, Ready to Feed (already mixed with water) [e.g.-Similac Alimentum Hypoallergenic]	32 oz. daily per infant for two (2) infants	448 ounces per week Range in container size: 2 – 8 ounces	D.C.
I/T-006	Oral Electrolyte Solution, Ready to Use, Flavored or Unflavored (e.g.- Pedialyte, Enfalyte or generic)	32 oz. daily per infant for two (2) infants	448 ounces per week Range in container size: 2 – 8 ounces	D.C.
I/T-007	Nutritional Supplemental Drinks for Children over 12 months of age, Ready to Drink (e.g.-Pediasure, Boost Kids Essentials)	32 oz. daily per infant for two (2) infants	448 ounces per week Range in container size: 2 – 8 ounces	D.C.
I/T-008	Sip Cup - Soft Starter Spill Proof Cup with 2 Handles	6 oz. size	10 each	D.C.
I/T-009	Diapers (Up to 10 lbs.)	Newborn	40 each	D.C.

Infant and Toddler (I/T) Kit

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All baby formula should be “ready to use” or “ready to feed” pre-mixed bottles, not powder-based formula. Items #006 and #007 should be dispensed under supervision of shelter health services staff.

ID #	Item	Description	Quantity (Min/Max)	Location of Commodities
I/T-010	Diapers, Infants (Up to 14 lbs.)	Size 1	160 each	D.C.
I/T-011	Diapers, Infants (12-18 lbs.)	Size 2	160 each	D.C.
I/T-012	Diapers, Infants (16-18 lbs.)	Size 3	160 each	D.C.
I/T-013	Diapers, Infants (22-37 lbs.)	Size 4	160 each	D.C.
I/T-014	Pull up Diapers (38+ lbs.)	Size 4T-5T	160 each	D.C.
I/T-015	Diaper (Baby) wipes [e.g.-Huggies Natural Care]	Fragrance free	1,400 each 14 boxes 100/bx	D.C.
I/T-016	Preventative Baby Ointment (e.g.- A&D Ointment)	Tube Sizes: 2 oz. – 4 oz. Maximum	10 each	D.C.
I/T-017	Diaper Rash Ointment with Zinc (e.g.-A&D Ointment w/Zinc)	Tube Sizes: 2 oz. – 4 oz. Maximum	10 each	D.C.
I/T-018	Burping Cloth	16" x 24"	10 each	D.C.
I/T-019	Infant Feeding Bottles (Plastic Only)	6 oz. Size Preferred	200 each	D.C.
I/T-020	Nipples for Baby Bottles	Standard, Non-latex, two (2) per Bottle	400 each	D.C.
I/T-021	Infant / Small Child Feeding Spoons	Small Width, Soft Tip (Individually Wrapped)	60 each	D.C.
I/T-022	Disposable Changing Pads	At Least 13" x 18" in Size	140 each	D.C.
I/T-023	Infant Wash, Hypoallergenic (e.g.- Johnson's Natural Baby Wash)	9 oz. Plastic Bottle	10 each	D.C.
I/T-024	Washcloths	Terrycloth or Cotton	15 each	D.C.
I/T-025	Towels	Terrycloth or cotton	15 each	D.C.
I/T-026	Washcloths Towels	Hypoallergenic (e.g.- Cotton, Cotton- flannel, or Polyester fleece)	15 each	D.C.
I/T-027	Coloring Books	Suitable for Small Children	18 each	J.I.T.
I/T-028	Crayons	24-Count	10 each	J.I.T.
I/T-029	Infant Bathing Basin	Thick Plastic, Non-	10 each	J.I.T.

Infant and Toddler (I/T) Kit

Planning estimate for one week based on 10% of 100-person shelter population being ten (10) infants and toddlers.

All baby formula should be “ready to use” or “ready to feed” pre-mixed bottles, not powder-based formula. Items #006 and #007 should be dispensed under supervision of shelter health services staff.

ID #	Item	Description	Quantity (Min/Max)	Location of Commodities
		Foldable Basin At least 12" x 10" x 4"		
I/T-030	Portable Cribs / Playpens	Lightweight, Portable (e.g., Graco Travel Lite Crib)	5 each	J.I.T.
I/T-031	Toddler Potty Seat	Fits on adult toilet seat w/Handles for Support	4 each (2 > men's & 2 > women's restrooms)	J.I.T.
I/T-032	Electrical Receptacle Covers	Plastic, Minimum 36	1 package of 36 each	J.I.T.
I/T-033	Diapers, Infant (Up to 6 lbs.)	Preemie	40 each	J.I.T.

Durable Medical Equipment (DME)

ID #	Item	Description	Quantity (Min/Max)	Location of Commodities
DM-000	To order entire kit of items #001-047, use DM-000			
DM-001	Bed Wedge for Bariatric Cot	24" x 24' x 12"	3 each	Distribution Center (D.C.)
DM-002	Westcott 700 Cot, Bariatric with mattress	600 lbs. Capacity	3 each	D.C.
DM-003	Westcott 400 Cot with Mattress	with Half Side Rails	5 each	D.C.
DM-004	Bedside Commode	300 lbs. capacity	2 each	D.C.
DM-005	3 in 1 Commode for Over Toilet Use	300 lbs. Capacity	2 each	D.C.
DM-006	Independent Toilet Seat with Safety Bars	Contoured, w/Soft Foam Armrests; Height Adjustable Legs; Weight Capacity: 350 lbs. Adds 4" to Height. Width: 22 1/2"; Width between Arms: 19"; Depth: 15 1/4 "; Height: Floor to seat 20"	2 each	D.C.

Durable Medical Equipment (DME)

ID #	Item	Description	Quantity (Min/Max)	Location of Commodities
DM-007	Egg Crate Padding	32" W x 72" L, 1.2 density foam, roller compressed pkg.	1 each	D.C.
DM-008	Walker, Dual Release	Standard w/out Wheels	1 each	D.C.
DM-009	Walker, Dual Release	Standard w/Wheels	1 each	D.C.
DM-010	Walker, Dual Release (Bariatric)	Heavy duty w/wheels; capacity up to 600lbs.	1 each	D.C.
DM-011	Wheelchair, Adult	1ea w/Footrest; 1ea w/Elevated Leg Rest	2 each	D.C.
DM-012	Wheelchair, Adult XL (Bariatric)	Overall width (open) 39"; capacity 700 lbs. with elevated Leg Rest	1 each	D.C.
DM-013	IV-Pole, 5 Caster	Heavy Gauge Steel, Slow- descending Pole, 3" Casters w/Dust Covers and Thread Guards. Base has Durable Black Powder Finish	2 each	D.C.
DM-014	Canes, White	Standard Cane for the Blind	2 each	D.C.
DM-015	Canes, Quad	Large Base	2 each	D.C.
DM-016	Crutches, Adult	Hardwood Armpit Crutch w/20" Length of 1" x 1": Padded Top (Adjustable)	2 pair	D.C.
DM-017	Crutches, Youth	Same Description as Adult Crutch but Size Adjusted for Children (Adjustable)	1 pair	D.C.
DM-018	Handheld Shower	With 84" Hose	2 each	D.C.
DM-019	Shower Chair (Bariatric)	700 lbs.; Bath Bench	2 each	D.C.
M-020	Privacy Screen	3 Panel with Castors	10 each	D.C.
DM-021	Dressing Aid Stick	2 hooks: One "C" Hook; One Push-pull Hook; Both Hooks Plastic Coated	2 each	D.C.
DM-022	Transfer Boards	Standard for Wheelchair	2 each	D.C.
DM-023	Assorted Utensil Holders (Non-Latex)	Special Soft Holders, 3" L x 1"H	2 each	D.C.
DM-024	Wheelchair (Bariatric) Ramps	6' x 48". supports up to 800 lbs.	1 each	D.C.
DM-025	Gait Belt	70" wipeable / antimicrobial	2 each	D.C.

Durable Medical Equipment (DME)

ID #	Item	Description	Quantity (Min/Max)	Location of Commodities
DM-026	Gait Belt	96" wipeable / antimicrobial	1 each	D.C.
DM-027	Gravity Feeding Set	Gravity Feeding Set	2 each	D.C.
DM-028	I.V. Pole 2 Hook	4 legs; 2 hooks	2 each	D.C.
DM-029	Assistive listening devices	Pocketalker Ultra: PKT D1 EH (plug mount microphone, microphone extension cord, lanyard, mini earbud and folding headphone)	2 each	D.C.
DM-030	Headset (listening devices) covers	Sanitary stretchable headphone covers; fits 3 inches in size headphones	500 each	D.C.
DM-031	Magnifying glass	7x LED illuminated magnifier round (Needs AA batteries)	1 each	D.C.
DM-032	Communication Cards (Picture boards)	Large with common shelter pictures	2 each	D.C.
		Adaptive eating devices		D.C.
DM-033	Adaptive eating devices	Food Bumper Translucent plastic (clip on)	2 each	D.C.
DM-034	Adaptive eating devices	Comfort grip angled fork-right hand	2 each	D.C.
DM-035	Adaptive eating devices	Comfort grip angled fork-left hand	2 each	D.C.
DM-036	Adaptive eating devices	Comfort grip angled spoon-right hand	2 each	D.C.
DM-037	Adaptive eating devices	Comfort grip angled spoon-left hand	2 each	D.C.
DM-038	Adaptive eating devices (Pediatric)	Comfort grip spoon-left hand	1 each	D.C.
DM-039	Adaptive eating devices (Pediatric)	Comfort grip spoon-right hand	1 each	D.C.
DM-040	Adaptive eating devices (Pediatric)	Comfort grip fork-right hand	1 each	D.C.
DM-041	Adaptive eating devices (Pediatric)	Comfort grip fork-left hand	1 each	D.C.
DM-042	Bedside Commode	Steel Bariatric Commode. Capacity 650 lbs. or greater	1 each	D.C.

Durable Medical Equipment (DME)

ID #	Item	Description	Quantity (Min/Max)	Location of Commodities
DM-043	Elevated locking toilet seat	Locking elevated. capacity up to 350 lbs.	1 each	D.C.
DM-044	3-in-1 Commode	Capacity up to 650 lbs.	1 each	D.C.
DM-045	Shower Mat Non-Slip	16" x 34" Non-Slip Vinyl	4 each	D.C.
DM-046	Digital infrared thermometer (temporal)	Heat-seeker infrared, laser pointer, no touch	½ dozen	D.C.
DM-047	Seated (Bariatric) Walker	Dual release; heavy duty w/wheels up to 800 lbs.	1 each	D.C.
DM-048	Comfort Box	1ea Knit Pant, T-shirt, Pair Socks for Bariatric Resident	10 each	J.I.T.
DM-049	Transfer Lift with / two (2) Mesh Slings	450 lbs. Capacity(Hoyer Lift)	2 each	J.I.T.
DM-050	Wheelchair, Pediatric	1ea w/Footrest. 1ea w/Elevated Leg Rest	2 each	J.I.T.
DM-051	Refrigerator (No Freezer)	Counter Height. Used for Medications	2 each	J.I.T.

Shelter Facility Survey Form- The American Red Cross



Shelter Facility Survey

BASIC SHELTER INFORMATION

Site Name/ School District _____ NSS ID# _____ Date _____

Name of building _____ Building # _____ of _____

Phone # _____ Fax # _____ Website _____

Shelter address _____

Town/ City _____ County/ Parish _____ State _____ Zip Code _____

Mailing Address (if different) _____

Town/ City _____ County/ Parish _____ State _____ Zip Code _____

Agency operating shelter (check one) Red Cross FEMA DHS TSA SBC Other _____

Shelter agency type (check one) Red Cross managed Red Cross partner Red Cross supported Independent _____

Shelter type (check all that apply) Evacuation General Medical Other _____

General facility notes _____

Shelter Capacity

Use the calculations to calculate the capacity for sleeping space.

Total sq feet _____ Evacuation _____ usable sq ft + 20 sq ft/person = _____ person capacity

_____ Post Impact _____ usable sq ft + 40 sq ft/person = _____ person capacity

Sq feet usable for sleeping space _____ Other _____ usable sq ft + _____ sq ft/person = _____ person capacity

Geographic Information

Use major landmarks (e.g. highways, intersections, rivers, railroad crossings, etc.) that will be easily recognizable in a disaster. Latitude and longitude coordinates can be found at online web sites, using a global positioning system device, or will auto populate when the address is entered into the National Shelter System.

Latitude _____ Longitude _____ Elevation _____

In storm surge/evacuation Yes No Hurricane category or evacuation area _____ No In flood plain Yes No year flood impact No

Directions to facility _____



Shelter Facility Survey

Point of Contact to *Authorize Use of Facility*

Name _____ Title _____ Phone # _____
 24 hour # _____ Fax # _____ Email _____
 Contact notes _____

Point of Contact to *Open Facility*

Name _____ Title _____ Phone # _____
 24 hour # _____ Fax # _____ Email _____
 Contact notes _____

Alternate Point of Contact

Name _____ Title _____ Phone # _____
 24 hour # _____ Fax # _____ Email _____
 Contact notes _____

Pet Shelter

Pet shelter space available on site Yes *answer questions below* No **nearest location** _____
 Separate ventilation system Yes No **Cement or tile floors with drains** Yes No **Outdoor space to relieve pets** Yes No
 Agency that will operate the pet shelter _____ Phone # _____ 24 hour # _____

ADDITIONAL INFORMATION

Shelter agreement signed Yes No **Date signed** _____ **Notes** _____
 Pre-designated shelter team assigned Yes **Team name** _____ No
 Current facility floor plans available Yes **Location of copies** _____ No

International Association of Venue Managers (IAVM) facility Yes No

Use the [Standards for Selection of Hurricane Evacuation Shelters](#) to select hurricane evacuation shelters. In this document, you will find a planning process that involves many factors (e.g. technical information for storm surge and flood mapping). This process requires close coordination with local officials for technical information to make decisions about hurricane shelter suitability. Use the Facility Construction section to assist with determining whether this can be a hurricane evacuation shelter.

Shelter can be a hurricane evacuation shelter Yes No **Notes** _____



Shelter Facility Survey

Survey Conductors *(List all who participated in the survey)*

Name	Title	Organization	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIMITATIONS OF FACILITY USE

Check one This facility will be available for use at any time during the year This facility is only available for use during the time periods listed below This facility is not available for use during the time periods listed below

Dates (mm/dd/yyyy) Times (hh:mm)

From _____ AM PM From _____ AM PM

To _____ AM PM To _____ AM PM

List any recurring dates that the facility is not available (e.g. every sunday) _____

Areas of the facility that are restricted during use _____

FACILITY CONSTRUCTION & SAFETY

Facility Construction

Construction material Wood Masonry/Brick Pre-fab Bungalow Concrete Metal Trailer Pod Other _____

stories/floors _____ Notes _____

Elevator Yes No Location _____ Notes _____

Open roof-spans (see [Standards for Selection of Hurricane Evacuation Shelters](#) for current standards) Yes No Length _____ No

Windows in sleep area Yes No If yes, shatter protected Yes No If yes, protected with shutter Yes No

Fire & AED Safety

Some facilities may not meet fire codes based on building capacity. The questions below are a general reference. Contact your local fire department with questions or for more information.

Fire alarms & systems (check all that apply) Working smoke detectors Inspected fire alarm system Functional sprinkler system Functional direct fire department alert

Comments from fire department _____

AED(s) on site Yes No Location _____



Shelter Facility Survey

Facility Inspection Point of Contact

If requested, who would inspect this facility post-impact to determine it is safe to occupy?

Name _____ Title _____ Phone # _____

24 hour # _____ Fax # _____ Email _____

Contact notes _____

SANITATION, FEEDING & UTILITIES

Sanitation, Utilities & Power

The recommended ratio for toilet facilities is a minimum of 1 toilet for 20 people. The optimum scenario for showers is 1 shower for every 25 residents. Count all facilities that will be available to shelter residents and staff.

Showers available Yes # of showers _____ No Toilets available Yes # of toilets _____ No

Check all that apply Heating Electric Natural Gas Propane Fuel Oil _____ Cooling Electric Natural Gas Propane

Check all that apply Cooking Electric Natural Gas Propane _____ Water Municipal Well(s) Trapped

Self-sufficient power Yes Type _____ No

Note fuel requirements, generator capacity, facility areas supported by generator(s), and other relevant information.

Emergency generator on site Yes No Notes _____

Feeding

Food Prep (check all that apply) Warming oven kitchen Full service Central kitchen (delivery)

Food stock stored on site Yes # meal can be served _____ No Refrigeration units on site Yes # units _____ No

Seating capacity Cafeteria _____ Snack Bar _____ Other indoor seating _____ Total estimated seating capacity for eating _____

Notes on feeding _____

ACCESSIBILITY

See accompanying Shelter Facility Survey-Accessibility Instructions.

Facility Construction Facility built in 1993 or later, or extensively altered in 1992 or later. _____ Yes No

Parking Areas Parking available. _____ Yes No

Answer below if parking is available

Accessible parking space(s) Yes No Notes _____

Van accessible parking space(s) Yes No Notes _____

Drop-off/Loading Area Permanent drop-off area/loading zone with marked access aisle or space available to designate as temporary drop-off area/loading zone. _____ Yes No



Shelter Facility Survey

Facility Entrance	Sidewalk connects parking area and any drop-off area to at least one facility entrance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Route from accessible parking spaces and any drop-off area/loading zone to at least one facility entrance has no steps or curbs without curb cuts.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Where route crosses curb, curb cuts are at least 36" wide.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Automatic doors or doors without knob hardware.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Doorways at least 32" wide when door is open.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Level landings on interior and exterior sides of entry door.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	No objects protrude from the side more than four inches into the route to the facility entrance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If the main facility entrance does not appear to be accessible, another entry is accessible.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A sign identifies the location of the accessible entrance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Routes to Service Delivery Areas	A route without steps is available to access each service delivery area, as well as restrooms and showers or service can be provided in area that can be accessed by route with no steps.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Using a yard stick held horizontally at your waist level, walk from the facility entrance to each service delivery area, as well as restrooms and showers. Except at doorways (which must be only 32" wide), no part of the route is less than 36" wide.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Route has vertical clearance of at least 80".	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	No objects protrude from the side more than 4" into the routes to the various service delivery areas.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Automatic doors or doors without knob hardware.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Doorways at least 32" wide when door is open along routes to each service.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If a service delivery area is accessible only by elevator, there is back-up power for the elevator(s).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ramps	Ramps are at least 36" wide, have handrails on both sides 34"-38" above the ramp surface, and have level landings at least 60" long.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, type of ramp <input type="checkbox"/> Fixed <input type="checkbox"/> Portable <input type="checkbox"/> Not provided		
	If ramps are longer than 30 feet, a level landing at least 60" long is provided every 30 feet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restrooms	Area where person in a wheelchair can turn around (60-inch diameter circle or T-shape turn area).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Doorways at least 32" wide when door is open.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Doors without knob hardware.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Toilet seat is 17"-19" high. Flush control is automatic or manual control on the open side of the toilet and no higher than 48".	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Toilet's centerline is 16"-18" from the nearest side wall.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Stall at least 60" wide and 56" deep (wall-mounted toilet) or 59" deep for (floor mounted toilet).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Space at least 9" high is provided beneath the front and one side of the stall.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Appropriate grab bars.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Toilet paper dispenser is within 36" of the rear wall.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	At least one accessible sink.	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Shelter Facility Survey

Showers Showers available. Yes No

Answer below if showers are available

At least one accessible shower stall with appropriate grab bars. Yes No

Stall type Transfer stall Roll-in shower Not provided

Shower seat 17"-19" high. If in transfer stall, seat is on the wall opposite the shower controls. If in roll-in shower, seat is on wall adjacent to the shower controls. Yes No

Hand-held shower spray with ability to mount at 48" (typically via a mount that can be adjusted along a fixed vertical bar), or alternatively a fixed shower head at 48". Yes No

Controls do not require tight grasping, pinching or twisting and are mounted 38"-48" high and no more than 18" from the front of the shower. Yes No

Eating areas At least some tables have tops 28"-34" high and space underneath at least 27" high, 30" wide and 19" deep. Yes No

Serving line or counter no higher than 34". Yes No

Assessment Relevant areas of the facility are accessible to people with disabilities without adjustments. Yes No

Facility has at least one accessible entrance and one accessible restroom, and otherwise is capable of being made accessible during a disaster with minor adjustments. Yes No

Facility would require extensive adjustments to be accessible during a disaster. Yes No

Adjustments for Accessibility (*Identify any adjustments or enhancements that should be made to make the relevant areas of the facility accessible during a disaster*) _____

OTHER CONSIDERATIONS

Additional Facilities & Space

Isolated care areas Yes No **Type of area** Rooms Shelter area Separate facility/area **Shelter registration area** Yes No

Laundry facilities Yes No **# of washers** _____ **# of dryers** _____ **Who can access the laundry facilities** Shelter workers Shelter residents

Special conditions or restrictions for laundry _____

Available Materials

One cot and two blankets per shelter resident is recommended. Note all available materials for shelter use in the notes section.

Cots available Yes No **# of cots** _____ **Location** _____

Blankets available Yes No **# of blankets** _____ **Location** _____

Children's supplies (e.g. cribs & changing table) Yes No **Chairs & tables available** Yes No **# of chairs** _____ **# of tables** _____

Notes _____



Shelter Facility Survey

Facility Ownership & Proximity Considerations

Does the entity that plans to manage the shelter own the building? Yes No

If no, is there a current written plan? Yes No

Is this facility within five miles of an evacuation route? Yes No

Is this facility within ten miles of a nuclear power plant? Yes No

Groups Associated with the Facility & Training

Facility staff required when using facility? Yes No

Paid feeding staff required when using facility? Yes No

Church auxiliary required when using facility? Yes No

Fire auxiliary required when using facility? Yes No

Other required? Yes No **Other** _____

Will any of the above groups be trained or experienced in Red Cross shelter operations or support? Yes No

If yes, describe capabilities _____

Has the facility been trained in Red Cross sheltering (if not Red Cross managed)? Yes No

If yes, describe capabilities _____

Training requested by facility or group Yes **# of staff to be trained** _____ No

ADDITIONAL NOTES & INFORMATION



Shelter Facility Survey

ADDITIONAL NOTES & INFORMATION, continued

OFFICE USE ONLY (Do not fill out box during survey)			
<i>Chapter Category / Priority of Use: Designated by chapter leadership after the survey is completed.</i>			
This is a primary shelter for <i>(check one)</i>	<input type="checkbox"/> General population	<input type="checkbox"/> Evacuation Center	Shelter cannot be used for <i>(check all that apply)</i> <input type="checkbox"/> General population <input type="checkbox"/> Evacuation Center
This is a priority shelter for the following events <i>(check all that apply)</i> <input type="checkbox"/> Hurricane <input type="checkbox"/> Earthquake <input type="checkbox"/> Large Scale Fire / Flood / _____			

Feeding: Planning Considerations and Resource Planning Assumptions

Feeding Strategy Decision Drivers

Food	Water	Agriculture
Status of Commercial Food Distribution Commercial Food Supply Chain Food Distribution Programs (e.g., Food Banks)	Operational Status of Drinking Water Utilities Commercial Water Supply Chain	Impacts to Animals and Business

If these systems are intact, there is a reduced likelihood that a significant community feeding effort will be required.

Developing feeding assumptions and effective strategies for disaster feeding must always consider the unique needs of the displaced population. The following bulleted considerations and their reflection in the impacted community should always inform meal and feeding plans. At the county mass care coordination level, the considerations can support local jurisdictions when used as assessment criteria to determine whether there are unmet needs in the population in need of mass care service.

Language proficiency (dialect, and sign language)

Acknowledged faith and belief systems

Culturally relevant foods

Accessibility, suitability and feeding strategies to provide functional support resources to meet functional needs (e.g., elder in high risebuilding or remote village, etc.)

Feeding Workgroup Checklist

Identify member agencies/organizations with supporting feeding capability – includes local mass care related agencies, NGOs, food banks and food pantries, other community feeding support organizations, private sector, institutional and other non-traditional feeding groups.

Identify capability within the group- coordinator, food sources, production capability, delivery capability, funding. Identify roles and responsibilities based on capability, availability and in some cases assigned responsibility. Functional roles include obtaining disaster intelligence (need assessment support, situational awareness and other critical information elements) ; Serving as point of contact for local jurisdictions and in that role obtaining identifying disaster feeding and production sites, establishing and maintaining contact with disaster feeding sites; Provide liaison with congregate shelters and mobile feeding routes to identify both feeding resource needs and identify feeding trends and burn rates; Serve as the coordinator analyzing all information shared, determining feeding and feeding resource trends, producing reports that reflect that analysis and recommendations for planning and assumption adjustments; addressing resource requests; addressing problems/complaints, etc.).

Establish consensus on the pre-disaster feeding baseline, then estimated feeding needs due to the disaster.

Assess the feeding needs for the projected child population, to include requirements for infant formula and infant foods.
Assess the projected food requirements for household pets and service animals for pets in shelters and for families sheltering in place.
Task Force Checklist
Determine if any cultural dietary requirements exist for the impacted jurisdictions.
Assess local jurisdictional needs, local financial ability, and/or capability to contract and/or purchase food commodities through their own resources.
Assess the county's need, financial ability, and/or capability to contract and/or purchase food commodities through their own resources.
Establish notification/activation procedures, conference call requirements, and on-site participation. Establish on-site location and supplies/equipment needed.
Collect feeding production and distribution capacities from NGOs and report to the appropriate agency within the jurisdiction.
Address Federal integration into the multi-agency feeding plan.
Identify the triggers for implementing the feeding plan.
Determine the best method for obtaining information on disaster feeding locations, especially "independents" (community "pop-up" sites) and obtain status information and resource requests from them.
Determine the process for assessing/validating, prioritizing, and filling resource requests.
Define process for ordering food, supplies and equipment; identify where items will be purchased and where items will be delivered; develop process for picking up items.
Define the process for addressing problems/complaints, within the MAFTF itself and with the disaster feeding operations.
Define accountability procedures for non-consumable items.
Define accounting procedures for reimbursable items.
Outline procedures for determining if additional feeding assistance is needed (assessing when grocery stores and the commercial food supply chain are functioning in the jurisdiction; assessing if D-SNAP or other financial nutrition assistance is needed; if food items distribution is needed, etc.).

Production and Service Capabilities	Description
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<p>Mobile Kitchen</p>	<p>Mobile/movable kitchen units prepare meals and provide direct service. Units are packable and provide transport for both their required equipment and assigned workers. Commercial examples include food trucks. See Canteens and Disaster Response Units (DRU).</p>
<p>Field Kitchens (Typically resourced for complex disasters at scale at the national level for both NGOs and Federal partners)</p>	<p>Tractor trailer or tent kitchens capable of mass food production. Must be stationary to operate. An example includes Southern Baptist Disaster Relief Field Kitchens. American Red Cross, The Salvation Army, and commercial field kitchens may also be considered. Consider the need for fuel tank contracting and arrangements for resupply. These support requirements can delay readiness considerably if not coordinated prior to deployment.</p>
<p>Food Service Delivery Unit</p>	<p>A Food Service Delivery Unit is an operational vehicle with personnel capable of delivering prepared meals. Food Service Delivery Units typically work in conjunction with a fixed or field kitchen, which cooks the meal that the food service delivery units distribute. This feeding unit delivers prepared food directly to survivors and responders. Food service capabilities are based on a predetermined standard meal. Meals can be served from within a Type I unit, while a Type II unit requires an external set up to serve meals. These units can transport either Cambro style meal service or prepackaged individual meals.</p>
<p>Fixed Feeding Sites</p>	<p>Food service delivered from a stationary location. A fixed feeding site may also be a permanent facility, such as a church or school that may be used as a shelter.</p>
<p>Distribution of Emergency Supplies</p>	<p>Formally called “bulk distribution,” this service provides relief items to meet urgent needs through sites established within the affected area(s). These sites are used to distribute food, food boxes, water, or other commodities and can be coordinated at community, local jurisdiction, county, state or federal levels. In the absence of a declared state or federal emergency, a whole community stakeholder group including private enterprise/local businesses can provide relief items through a coordinated targeted donations strategy</p>
<p>Other Service Delivery Considerations</p>	<p>Service Delivery: Depending upon the date type, topography of the affected area, population demographics, local resources, weather conditions, and more- there may be a need to creatively solution to meet feeding needs. Nontraditional resource sources include: Food Trucks Boating clubs Four-wheel drive clubs, motorcycle, or all-terrain vehicle organizations Outreach to horse, mule, or alpaca owners</p>

	<p>Cargo bike owners</p> <p>Cross-country skiing groups</p>
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FEEDING SUPPORT ORGANIZATIONS	Description
Local Efforts	Community Based Organizations (CBOs), such as local churches, civic clubs, local businesses, animal shelters, etc., are often the first responders and respond spontaneously.
State Resources	States may have a cache of shelf-stable meals or other product beyond what is available through food banks or USDA programs. Examples may include universities, correctional facilities, or other institutions.
Food Banks	Food banks exist throughout jurisdictions to support every day, non-disaster feeding needs through a network of pantries and soup kitchens. Food banks have a good understanding of local community demographics and needs. Their products and distribution capabilities can be used to augment an operation.
Non-governmental Organizations	Key feeding NGOs include the American Red Cross, The Salvation Army, and the Southern Baptist Convention Disaster Relief. Others include Feeding America, Convoy of Hope, and Operation Blessing. American Red Cross and Salvation Army support can come from the local, regional, or national level. The National Animal Rescue and Sheltering Coalition provide “surge” resources to support animal feeding operations.

Care and Shelter Branch: Feeding Situation Assessment Checklist	
	Identify disaster impacts- # individuals evacuated or displaced, dwellings- number major damage or destroyed, extent of infrastructure impacts within the affected community (e.g., power outages, road blockage, residential population in evacuated areas, anticipated duration of utility outages (electric, gas, sewer water)).
	Determine duration of feeding support needed based upon the impact of the incident on individuals, dwellings and/or infrastructure within the affected community.
	Review county and jurisdictional feeding capability and needs assessments to identify feeding shortfalls.
	Quantify the percentage of the power grid, which is offline, and estimate the duration of the outage.

Establish a matrix for feeding projections based upon nutritional standards, production capacity and meals required, and the timeframe needed to place food orders.
Identify the potential/estimated population affected/evacuated/unable to return.
Define the demographics of impacted areas (use census information, local data).
Identify populations that have dietary unique considerations. *
Determine the status of communication capabilities.
Determine the status of potable and non-potable water and distribution systems.
Determine the status of sewage treatment plants.
Determine the status of commercial fuel services, e.g., gas stations.
Determine the impact to commerce, e.g., restaurants, grocery stores, convenience stores, and others.
Determine how the disaster has affected the food distribution network.
Determine non-medical special dietary needs, e.g., kosher.
Initiate any reporting requirements to determine timeframes, chain of command, etc., for providing written reports on assessments, capabilities, and services.

Feeding Resources	Description
Catered Feeding	Contracts or agreements with commercial facilities and vendors. Catered feeding can come from local, State,NGO, or Federal contracts/agreements.
Shelf Stable meals	May be available through nonprofit organizations or other sources in the community. There are also state and federal options for these in declared disaster
USDA Foods	<p>Federal resources for declared disasters include USDA Foods from the National School Lunch Program or other commodities stored in State-designated warehouses. With a Presidential Disaster Declaration, the State DA has the authority to release these USDA Foods to voluntary organizations for use in mass feeding.</p> <p>Under limited circumstances and with approval fromthe FNS, household-sized USDA Foods used in other nutrition assistance programs such as The Emergency Food Assistance Program (TEFAP) can be provided to households.</p> <p>USDA can also purchase infant formula and infant foods 96 hours (about 4 days) after a Presidential disaster declaration with IA, Resource Request Form from the State or mass feeding coordinating agency, and/or a FEMA Mission Assignment coordinated first through the state.</p>
Private Sector	The typical feeding source for the most common small recurring disasters. Private sector feeding or catering is an option for larger disasters. Costs can be a challenge. Occasionally in the absence of government funding, donations may be source vendor contracts. Private/institutional sector sources can include hospitals, food council consortia, etc. Private sector sources have the knowledge and ability to provide meals with special need diets and are familiar with preparing meals for larger events.
Disaster Supplemental Nutrition Assistance Program (D-SNAP)	For larger scale disasters, this USDA food benefits program administered by the State agency that administers the Supplemental Nutrition Assistance Program (SNAP). D-SNAP requires USDA approval for operation in counties/parishes that have receiveda Presidential disaster declaration for Individual Assistance. States can request approval to operate D-SNAP once disastersurvivors have returned to their homes, their utilities are restored, and commercial food supply channels such as grocery stores have reopened.

Emergency Supplies: Planning Considerations and Resource Planning Assumptions

Categories of Emergency Supplies and Triggers for Provision

Priority	Category	Examples of Items for Distribution	Triggers
First	Life-Sustaining	Food (shelf stable) and water (for both humans and household pets and service/assistance animals), information, non-prescription medicine, baby formula, and first aid kits.	Within 12 hours after the initial impact of a disaster or when it is safe for vehicles and crews. General distribution until the feeding infrastructure is established; then distributed to targeted areas/populations.
Second	Comfort	Hygiene kits including items such as toothpaste, towels, wash cloth, soap, toothbrush, lip balm, baby wipes, bathroom tissue, diapers/briefs (baby/adult), and other Consumable Medical Supplies (CMS).	If possible, distribute with Life Sustaining. If not, once distribution capacity is increased. Generally provided when the target population only has access to their homes for cleaning.
Third	Clean-Up	Shovels, rakes, bleach, gloves, cleaning detergents, buckets, mops, trash bags, chlorine bleach, garden hose/nozzle, and hand sanitizer.	Begun in conjunction with individual community re-entry timelines. Distribution begins when survivors have access to homes. Items for distribution dependent on extent of damage to homes. A lack of availability for survivors to local commercial supplies.
Fourth	Other Essential Supplies	Masks, flashlights, batteries, tents, tarps or plastic sheeting, sleeping bags, cooking kits, household pets and service/assistance animal supplies, trash bags, duct tape, and nylon rope.	When operational strategies to meet survivor individual and health needs are developed. Household pets and service/assistance animal supplies (not life sustaining) unavailable to survivors. Supplies needed to support temporary housing solutions. Lack of availability for survivors to local commercial supplies.

Method	Description	Limiting Factors
Mobile Distribution: Community Routes	Delivery of emergency supplies using a van, truck, or other vehicle on a designated route to reach neighborhoods affected by the disaster.	For large-scale disasters, it is difficult to guarantee service to all disaster survivors. This may not be an optimal delivery method in urban areas, given limited access to survivors in high rises. Security and safety of mobile teams.
Mobile Distribution: Household	Delivery of emergency supplies directly to residents' homes, often when sheltering in place for pandemic or Chemical, Biological, Radiological, Nuclear, and Explosives (CBRNE) type events. May be necessary in urban areas to reach survivors in high rises with no power.	Significant manpower and knowledge of specific household needs required. Health and safety concerns for distribution staff.
Fixed Site Distribution: Pedestrian Walk-Up	Delivery of emergency supplies from a fixed location such as a community center, school, or church. Distribution may be provided from	Limits amount of product that can be transported by disaster survivors. In addition to actual distribution area, requires sufficient parking, with
	inside the building or outside, such as from under a tent or from the back of a vehicle. Walk-up sites allow for personal contact with the survivors.	ingress and egress. Sites can become crowded with long lines.
Fixed Site Distribution:	Delivery of emergency	Does not allow for personal
Drive-Through	supplies from an open area at a fixed location such as a parking lot. Drive-up sites are best when a large volume of disaster survivors are expected to arrive in vehicles. However, available parking is limited to encourage the quick and continuous distribution of supplies as vehicles move through the site.	interaction with disaster survivors. Sites can cause traffic control issues. Disaster survivors must have access to a vehicle.

Long Term Shelter	Delivery of supplies to	May attract non-shelter
Environment	shelter residents, in coordination with sheltering efforts, as part of long term sheltering during large scale disasters.	residents to shelters, possibly overwhelming the shelter. Limited storage capacity for shelter residents to secure items.

Planning Components	Considerations
Multi-Agency Warehousing	<p>Estimated length of time needed. Material handling equipment needed. Required square footage. Truck access/loading docks or bays. Proximity to distribution sites. Security. Use of shared warehouse space.</p>
Logistics Staging Area: Before or in lieu of warehouse	<p>Security. Estimated length of time needed. Material handling equipment needed. Required square footage. Truck access. Proximity to warehouse & distribution sites. Use of shared space.</p>
Staffing	<p>Safety training. Capacity to lift and carry. Required licenses. Coordination of numerous agencies providing staff (e.g. National Guard, NGOs, public employees).</p>
Transportation: Supplies reaching the public	<p>Appropriate quantity and size of vehicles and load capacity. Proximity. State of transportation infrastructure (e.g., road/bridge/airport/port closures). Availability of fuel. Regulatory waivers (e.g. load waivers, tollwaivers, driver hour restrictions, interstatecommerce regulations).</p>

Public Access to Supplies	Availability of and access to public transportation. Curfews. Weather. Access to vehicles. Transportation infrastructure. Availability of fuel. Mechanisms to communicate locations and hours to public. Conflict with community events. Accommodation of survivors' schedules. Proximity to other disaster recovery resources.
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Finalizing Distribution of Emergency Supplies Operations Checklist

Gather and compile all service delivery documents, data, and records.

Finalizing Distribution of Emergency Supplies Operations Checklist

Collect and compile all daily distribution reports and any impact information, maps, or other data that were used to design the service delivery plan.

Collect and forward any invoices, bills of lading, or other account information for payment.

Discuss with emergency management the transition of distribution to local entities, as needed.

Ensure that any requests for acknowledgment for community agencies, businesses, or partners are shared with NGOs and emergency management.

Provide a narrative of the distribution operation. Include high-level details of actions (e.g., statistics, breakdowns of distribution numbers) and address any challenges or concerns for future improvements. Share with all partners for debrief and modification of distribution plan for future disaster responses.

INITIATE

Outcome: Capability to support distribution of emergency supplies operations in accordance with the requirements of the jurisdiction.

Operational Priority	Objectives	Tasks	Name(s) of Primary Agency	Name(s) of Supporting Agency
Develop Distribution of Emergency Supplies Support Capability	Determine existing logistics and resource capabilities.	<ul style="list-style-type: none"> Estimate distribution of emergency supplies capability target from jurisdictional Threat and Hazard Identification and Risk Assessment (THIRA). Calculate logistics and resource requirements to meet capability target. 		

<p><i>Develop all-hazard plans and procedures.</i></p>	<ul style="list-style-type: none"> • <i>Update multi-agency Distribution of Emergency Supplies Plan.</i> • <i>Update Distribution of Emergency Supplies Task Force operational procedures.</i> 		
<p><i>Conduct multi-agency training and exercises to validate existing plans.</i></p>	<ul style="list-style-type: none"> • <i>Schedule and perform training and exercises.</i> • <i>Ensure opportunities for whole community participation.</i> 		

INITIATE Outcome: A Mass Care Distribution of Emergency supplies infrastructure established in the impact area with the capability to achieve and maintain the targeted levels of distribution.				
Operational Priority	Objectives	Tasks	Name(s) of Primary Agency	Name(s) of Supporting Agency
Support Distribution of Emergency Supplies Operations	Immediately assess, in coordination with responsible agencies, the distribution of emergency supplies requirements and shortfalls.	Determine the targeted distribution of emergency supplies capability. Request resources to meet identified shortfalls. Ensure resource support for people with disabilities and others with access and functional need: to include age-appropriate supplies.		

	<p>Activate a multi-agency distribution of emergency supplies task force to coordinate State distribution of emergency supplies support within six hours of determination of need.</p>	<p>Activate the task force as specified in the Multi- agency Distribution of Emergency supplies Plan. Operate the distribution of emergency supplies task force according to established operational procedures.</p>		
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SUSTAIN				
Outcome: A Mass Care Distribution of Emergency supplies infrastructure established in the impact area with the capability to achieve and maintain the targeted levels of distribution.				
Operational Priority	Objectives	Tasks	Name(s) of Primary Agency	Name(s) of Supporting Agency
Support Distribution of Emergency Supplies Operations	Coordinate the establishment and support of a targeted distribution of emergency supplies infrastructure in the affected area in accordance with the Multi- Agency Distribution of Emergency Supplies Plan.	Confirm the arrival and report the operational employment of the distribution of emergency supplies distribution capabilities. Confirm distribution of emergency supplies locations with responsible agencies. Respond to resource requests from supported agencies.		

STABILIZE				
Outcome: A Mass Care Distribution of Emergency supplies infrastructure established in the impact area with the capability to achieve and maintain the targeted levels of distribution.				
Operational Priorities	Objectives	Tasks	Name(s) of Primary Agency	Name(s) of Supporting Agency
Support Distribution of Emergency Supplies	Coordinate the establishment and support of a	Assess the need and availability of supplies for distribution during Recovery.		

Operations	targeted distribution of emergency supplies infrastructure in the affected area in accordance with the Multi- Agency Distribution of Emergency Supplies Plan.	Confirm the transition of distribution of emergency supplies capabilities to meet evolving needs. Confirm distribution of emergency supplies locations with responsible agencies. Respond to resource requests from supported agencies.		
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Reunification: Planning Considerations and Resource Planning Assumptions

Reunification Initial Assessment for Service

The factors that influence the need for reunification services are different from the factors indicating a need for sheltering, feeding, or distribution of emergency supplies. Table 2 (below) identifies these factors and uses metrics to characterize them as Low, Medium, or High impact. This table is a job aid that allows the MC/EA Coordinator, along with other reunification services stakeholders, to quickly evaluate the degree to which the event has or may impact the demand for reunification resources in affected jurisdictions.

Organizations	Role in Reunification*
Department Child, Family and Adult Services	<p>Planning and operational lead for reunification.</p> <p>Provide guidance to nursing home, assisted living, and other residential facilities on developing communication plans that provide information about the well-being of residents to families.</p> <p>After disaster, provide welfare checks on clients participating in agency programs.</p> <p>Encourage clients to register their status in reunification system of record.</p> <p>Coordinate with Mass Care to facilitate reunification activities.</p>
Individual Living Council?	<p>Provide guidance and resources to support reunification services for people with access and functional needs, including people with disabilities and at-risk individuals.</p>
Children’s Protective Services	<p>Planning and operational lead for child reunification.</p> <p>Integrate/coordinate with the reunification group during operations.</p> <p>Provide leadership and subject matter expertise on children’s issues and legal issues related to reunification of minors.</p> <p>Support the development of required emergency preparedness plans for childcare providers.</p> <p>Support the safety and needs of children and their parents or legal guardians when separated due to disaster (may have legal responsibility for this function). This may include supporting unaccompanied minors shelters in the event significant numbers of children have become separated from parents/legal guardians.</p>
Sacramento OES	<p>Develop, maintain, coordinate, and execute all-hazards emergency preparedness plans that incorporate evacuation and reunification procedures and processes.</p> <p>Comply with State laws that provide necessary guidance and procedures for missing persons, including children.</p>

Public Information	<p>Develop preparedness and operational public messaging that encourages the development of Family Communication and workplace continuity plans; development and familiarity with work, school, childcare, and juvenile justice evacuation plans; and pre-scripted messages directing the public to available reunification services. Deliver accessible and effective public messages throughout reunification operations. Coordinate information about reunification and missing persons' procedures with media, social media, and ad hoc reunification system providers to ensure a clear consistent messaging leading to efficient streamlined reunification services to the public. Provide information to Mass Care about reunification and missing persons issues reported in the media.</p>
County Sheriff's	<p>Responsible for taking and resolving missing persons' reports and assuming responsibility for unaccompanied minors, as provided for by law. Coordinate with Mass Care to facilitate reunification activities.</p>
American Red Cross	<p>Verify local capability to assist with reunification planning and response for Emergency Welfare Inquiries and field reunification teams Verify any replacement systems for safe and well</p>
Public Health Services	<p>Provide welfare checks on clients participating in agency programs. Encourage clients to register their status in reunification system of record. Provide guidance to and coordinate with home health care organizations and local healthcare providers who may provide welfare checks on clients. Coordinate with Mass Care to facilitate reunification activities.</p>
Hospitals/Hospital Associations	<p>Coordinate with Mass Care to facilitate patient reunification activities. Support patient evacuation tracking. Provide information/assist patients to register their status in reunification system of record. Assist with resolution of Health Insurance Portability and Accountability Act (HIPPA) of 1996 questions as they relate to reunification.</p>
Department of Education	<p>Serve as point of contact for local jurisdictions schools. Identify existing local school emergency preparedness plans and processes that address lockdown procedures (to protect from imminent threats such as gunmen), shelter-in-place (to protect from the threat of contamination or weather events), evacuation, relocation, and reuniting students with their parents or legal guardians.</p>

	<p>Assist with resolution of Family Education Rights and Privacy Act (FERPA) questions as they relate to reunification.</p> <p>Coordinate with DHA, OES and CA CDSS to develop system for school reunification planning support quality assurance and review support.</p> <p>Serve as a point of contact to coordinate review of local school reunification plans on their request.</p>
County Coroner/Medical Examiners	<p>Investigate fatalities that occur as a result of a disaster and provide assistance in the identification of deceased persons, including children.</p> <p>Share information with Mass Care to facilitate reunification activities.</p> <p>Reporting source for any numbers on disaster related fatalities determined through safe and well process.</p>
Lead Household Pet and Service Animal Reunification Agency	<p>Planning and operational lead for household pet and service animal reunification.</p> <p>Integrate/coordinate with the reunification group during operations.</p> <p>Provide leadership and subject matter expertise on household pet and service animal reunification issues and legal issues related to property rights, other relevant animal laws, and disposition (via adoption, etc.) of unclaimed household pets and service animals.</p>
State Resources: CDSS	<p>Provide resources for missing children, their families, and the professionals who serve them.</p> <p>Provide first responders with adequate training to identify and reunite unaccompanied children with parents or legal guardians.</p>
Family Courts	<p>Support the resolution of legal issues involving unaccompanied minors as they relate to reunification.</p>
Amateur Radio Operators/Groups	<p>Provide emergency communications services to emergency management during disasters in support of reunification activities.</p>
Chamber of Commerce	<p>Encourage businesses to develop preparedness plans that include employee and family communication plans.</p> <p>Support public messaging during disasters by distributing information to local businesses on available reunification services.</p> <p>Identify support that local businesses can provide (i.e., communications support, volunteers).</p>
Civic Organizations	<p>Assist with preparedness activities in the community that encourage the development of Family Communication Plans and the development of and familiarity with work and school evacuation plans.</p> <p>Provide support for reunification through donations of volunteers, equipment, and supplies.</p>

Logistics/Information Technology	Provide equipment for call centers and communications equipment (telephones, cell phones, computers, and internet access) to support survivor reunification needs in shelters and other mass care facilities. Ensure access to alternate communication for people with disabilities and others with access and functional needs.
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Note: the percentages applied to the factors in this table are examples. Jurisdictions can adapt these based on their own capacities and capability

Estimating Levels of Impact to forecast reunification resources

Instructions for use: The Mass Care Coordinator, in coordination with other stakeholders, can use of estimates disaster intensity for reunification. The reunification factors below are some that can be used to evaluate those factors that best apply to a given disaster. Some reunification planning assumptions are based best information available and estimates. For each intensity level can be totaled and used to provide a subjective High/Medium/Low Intensity estimate for probable reunification needs and resources

Impact Level	Reunification Factors	
High	Government assisted, interstate or intrastate general and/or medical evacuation planned or in-progress	
	Up to 70% of affected population with limited or no access to communications	
	International and national media coverage of event	
	Primary and secondary schools, colleges, and universities are in session and students are projected to be physically separated from and/or out-of-communication with parents/guardians for period > 24 hours	
	Shelter population > than 20% of affected population	
	Number of fatalities and/or injuries overwhelms the resources of the jurisdiction	
	International/national or multiple special events occurring	
	Peak period for seasonal population	
	More than 25% of the affected population with cultural and language differences from the rest of the community	
	More than 25% of the affected population have a disability or are older residents living in their homes with or without caregivers	
	No notice incident	
Medium	Government assisted, inter-jurisdiction general and/or medical evacuation within the State planned or in progress	

Estimating Levels of Impact to forecast reunification resources		
	Up to 50% of affected population without access to telecommunications	
	Statewide media coverage of event	
	Primary and secondary schools, colleges, and universities are in session and students are projected to be physically separated from and/or out-of-communication with parents/guardians for period > eight hours	
	Shelter population > than 10% of affected population	
	Number of fatalities and/or injuries that stresses the resources of the jurisdiction	
	State/regional or multiple special events occurring	
	Transitional period for seasonal population	
	More than 15% of the affected population with cultural and language differences from the rest of the community	
	More than 15% of the affected population have a disability or are older residents living in their homes with or without caregivers	
	No notice or short notice incident	
Low	No or localized general and/or medical evacuation planned or in progress	
	Up to 20% of affected population without access to telecommunications	
	Local media coverage of event	
	Primary and secondary schools, colleges, and universities are in session and students are projected to be physically separated from and/or out-of-communication with parents/guardians for period < 4 hours or not in session	
	Shelter population < than 5% of affected population	
	No or limited fatalities and/or injuries	
	No special events occurring	
	More than 5% of the affected population with cultural and language differences from the rest of the community	
	More than 5% of the affected population have a disability or are older residents living in their homes with or without caregivers	
	Incident with notice	

Aligning Reunification Strategies with Impact Intensity	
<p>This table provides suggested reunification methods that may be applied to address medium/high intensity factors. Note: most factors can be addressed by access to reunification systems, which is a primary objective in successful reunification operations.</p> <p>Reunification Methods are described in Section III—C Reunification Descriptions are suggested Reunification Support Organizations and Resources are listed in Section V of the base plan template.</p>	
Medium or High Impact Levels	Reunification Services Support and Services
Evacuation planned or on-going	Access to Reunification Systems Physical Reunification Emergency Welfare Inquiries Reunification or Missing Persons Call Center Reunification Multi-Agency Coordination Center (R-MACC)
Public Communications Infrastructure Outages	Access to Reunification Systems Emergency Welfare Inquiries Reunification or Missing Persons Call Center
Extent of media coverage	Reunification or Missing Persons Call Center Emergency Welfare Inquiries
Impact on schools, colleges, and universities	Access to Reunification Systems Emergency Welfare Inquiries Physical Reunification Reunification or Missing Persons Call Center
Congregate sheltering	Access to Reunification Systems
Impact of the number of fatalities/injuries on the jurisdictions affected	Access to Reunification Systems Support for Reunification of Missing, Injured, or Deceased Family Assistance Center (FAC) Emergency Welfare Inquiries
Presence of special events in the jurisdiction	Access to Reunification Systems Support for Reunification of Missing, Injured, or Deceased
Peak seasonal population	Access to Reunification Systems
Percentage of the affected population with cultural and language differences	Access to Reunification Systems Emergency Welfare Inquiries

Animal Sheltering and Pet Reunification		
<input type="checkbox"/>	Who will be the lead agency responsible for the overall local animal response annex?	Provide leadership and subject matter expertise on animal issues and legal issues related to reunification of animals. Integrate/coordinate plans for reunification operations with large reunification group.
<input type="checkbox"/>	Where will the animals go that are rescued or turned in? Will the found animals go to only one location or several?	Consolidate "found animal" information in one location to facilitate animal relocation. Develop strategy to integrate unknown/ad hoc/spontaneous rescuers to prevent animals from being relocated out of jurisdiction before owners have a chance to claim them.
<input type="checkbox"/>	How will intake be conducted? What will the intake process include? Will photographs be taken? Will the animals be scanned for microchips?	All intake points (shelters, veterinary offices, etc.) should use the same intake and tracking system. All animals should be checked for any identifying information (microchips, collars/tags, tattoos, etc.). Intake process needs to address tracking, identification, and reunification of live animals, as well as management and cataloguing of deceased animals. Microchip (or use other means of identification) to track animals receiving disaster services to facilitate reunification.
<input type="checkbox"/>	How will animal reunification be integrated into the overall family reunification plan? Where will the found animal data be stored? How will it be disseminated and made public? How will folks know where to look for their missing animals? Will outreach be done to include human sheltering locations and hospitals, agencies, and/or organizations involved in disaster relief, etc.?	Integrate animal reunification into the overall reunification strategy. To the extent possible, provide "one stop shopping" for disaster survivors. Consolidate "found animal" information in one location to facilitate animal reunification. Use technology, if available, to facilitate lost/found animal database management. Include animal lost/found information in public messaging about reunification. Use traditional media, social media, and low-tech solutions (such as flyers, yard signs, and volunteers using word-of-mouth in disaster-affected areas). Include local veterinarians and animal-related businesses in your messaging; they can help relay information to their clients. Utilize available avenues, such as social workers, those in the field doing clean-up or providing meals to residents, etc., to pass out flyers or provide information about where to find lost pets to people

Animal Sheltering and Pet Reunification	
	receiving disaster services.
<p>What is the plan for retrieval of stray animals?</p> <p>How can someone report a lost animal?</p>	<p>Reporting process for lost pets- people to report and registry.</p> <p>Identify or support development for linkage between animal search and rescue and animal reunification activities.</p> <p>Coordinate resources for professional support animal for retrieval of lost animals (via trapping or other means) from unsafe areas.</p> <p>Record GIS coordinates for location where animal is found.</p>
<p>How will someone turn in/report a found animal?</p>	<p>Provide effective public messaging to let people know how to report found animals.</p> <p>Consolidate “found animal” information into a single database to provide, to the extent possible, “one stop shopping” for disaster survivors.</p>
<p>Will pet owners be able to view found animals in the emergency shelter?</p> <p>Will there be a reclaim fee?</p> <p>What will be required as proof of ownership? How long will the animals be held for reclaim?</p> <p>For more information, check out Emergency Animal Sheltering Best Practices at National Alliance of State Animal & Agricultural Emergency Programs (nasaiep.org).</p>	<p>Reunification of animals following a disaster requires different policies than traditional shelter “return-to-owner” policies:</p> <p>Hold periods for household pets and service animals should be extended well beyond standard jurisdictional stray hold periods and be well-publicized to protect the jurisdiction, safeguard the animals, and afford pet owners the opportunity to find and redeem their household pets.</p> <p>Disaster survivors in the immediate aftermath of a disaster may not have readily available funds to pay reclamation fees, and may not have proof of ownership</p>

Animal Sheltering and Pet Reunification	
<p>What will be done if an animal is injured? (This should be for both when an owner is seeking assistance with an animal they have in their custody and for animals found as stray animals.)</p>	<p>Animals will be injured or present with illnesses following a disaster. Include the animal control authority, state veterinarian, local veterinary community, veterinary medical reserve corps, and state or regional veterinary medical association in planning for medical management of animals in disaster.</p> <p>Ensure that the veterinary component is integrated into the animal reunification plan so that ill or injured animals are reunited with their owners.</p>
<p>What if a pet owner wants to reclaim the animal but doesn't have anywhere to keep it?</p>	<p>Typically, the greatest need for animal "wrap-around services" occurs after the human shelters close and the disaster survivors cannot return home. Plans should facilitate animal owners reunifying with their animals as soon as possible after the disaster to foster family recovery. Wrap-around services may include:</p> <ul style="list-style-type: none"> "Pet-friendly" housing options "Pet-friendly" hotels Animal "day care" to enable people who can't leave their animals in hotel rooms, with relatives, etc. to have a safe and humane place to temporarily leave their pets Emergency animal boarding (at no or reduced cost) Animal foster care
<p>What will be done with the animals that remain after the holding period expired?</p>	<p>Plan for animal disposition early in the response process; options include holding adoption fairs in the affected jurisdiction or relocating animals to shelters/rescue groups in other jurisdictions for adoption.</p> <p>Use mutual aid with neighboring animal shelters or engage NARSC members or other national humane groups to assist in placement of unclaimed or owner-relinquished animals.</p> <p>The goal of your animal disposition plan should be live outcomes for as many animals as possible; euthanasia should be considered a last resort.</p>

Care and Shelter Branch Coordination Tasks- By Activity and Period of Activity

PERIOD OF ACTIVITY	CAPABILITY	TASK
1 Pre Disaster	Operational Coordination	Establish OA Mass Care Capability for each service by convening stakeholders in the OA to review their Mass Care resources and capabilities Build mass care capacity and capability through the coordinating technical assistance to local mass care and emergency assistance providers. Help to identify resource and capability shortfalls and identify resources, develop plans, guidance, training, and
2 Pre Disaster	Operational Coordination	exercises to fill gaps. Assess the operational capabilities of the local Donations Management Network and
3 Pre Disaster	Operational Coordination	determine how to use it for potential incidents. Coordinate with local governments and NGOs to identify local capabilities and shortfalls and provide resource support for mass care services as requested by local
4 Pre Disaster	Operational Coordination	jurisdictions.
5 Pre Disaster	Operational Coordination	Exercise plan and provide training
6 Pre Disaster	Operational Coordination	Establish a regular cycle- annual? To Assess, in coordination with shelter operators, the sheltering requirements and shortfalls Assess, in coordination with the lead sheltering agency/organization, animal control and any organizations with the capability to provide animal support, the capability to support household pet sheltering requirements and develop strategies to mitigate
7 Pre Disaster	Operational Coordination	shortfalls.
8 Pre Disaster	Operational Coordination	Determine mass care partners' sheltering capability
9 Pre Disaster	Operational Coordination	Conduct multi-agency mass care response and recovery planning that includes risk reduction and mitigation elements Determine existing logistics and resource capabilities • Determine sheltering requirement and capability goal from County Hazard assessment and a detailed capability review of existing mass care capability (organizations, human resources, material resources, equipment and plans)
10 Pre Disaster	Operational Coordination	<ul style="list-style-type: none"> • Determine logistics and resource requirements to meet the identified capability • Identify shelters outside of harm's way for multiple disaster scenarios and shelter

PERIOD OF ACTIVITY	CAPABILITY	TASK	
		requirements and a plan to address those shortfalls <ul style="list-style-type: none"> Identify shortfalls based on known capabilities and shelter requirements and a plan to address those shortfalls 	
11	Pre Disaster	Operational Coordination	Develop talking points and disseminate to mass care operations in local jurisdictions Establish reporting procedures (both data collection from MC/EA providers and the operational tempo or reporting required to the Operations Section of other entity for SA)
12	Pre Disaster	Operational Coordination	SA) Operations Section of other entity for SA) With support of OES, Schedule capability review with local jurisdictional points of contact. Review evac plans, determine mass care capability in adjacent zones to high-risk areas. Capture detail. Establish points of contract
13	Pre Disaster	Operational Coordination	Review county and local evacuation and mass care operational plans identify capability and potential resource needs.
14	Pre Disaster	Operational Coordination	Coordinate with other Care and Shelter Branch agencies and organizations—Agencies that can coordinate with local Emergency Assistance, Housing, and Human Service agencies and resources—to ensure that full, efficient, and timely delivery of mass care services is provided.
15	Pre Disaster	Operational Coordination	Identify local jurisdiction mass care service capability (materials and resources available to serve X people) for sheltering, feeding, reunification, distribution of emergency supplies and local resources to meet individual recovery needs (i.e., local housing programs, local support service resources....) How many people can each jurisdiction support before their capability is exceeded? Identify the max number of jurisdictions the Red Cross region can provide mass care to before they must request resources from outside of the region or the state?
16	Pre Disaster	Operational Coordination	Support local jurisdictions assessment of populations in their area of responsibility requiring additional support to meet disaster caused needs. Identify county level agencies and organizations for resource support and to assist in identifying local stakeholders. (ESL support, AFN and DI support, cultural competency support) to bridge shortfalls
1	Pre Disaster	Sheltering	
2	Pre Disaster	Sheltering	Review OA Operational Plans and local capabilities, develop OA Sheltering Appendices

PERIOD OF ACTIVITY	CAPABILITY	TASK
3 Pre Disaster	Sheltering	<p>Coordinate with other Care and Shelter Branch agencies and organizations—Agencies that can coordinate local Emergency Assistance, Housing, and Human Service agencies, services, and resources—to ensure that full, efficient, and timely delivery of mass care services is provided.</p>
4 Pre Disaster	Sheltering	<p>PANDEMIC Adjustment: Coordinate with Red Cross, Sacramento Hospitality Association and DHA to deconflict available resources for non-congregate sheltering and align processes to execute non-congregate sheltering</p> <p>Work with hotel locations to ensure availability of:</p> <ul style="list-style-type: none"> o Janitorial staff; o Laundry services; o Security; o Garbage collection; o Room cleaning frequency (minimum 2-3 times per week, ideally once per day); o Inter-room or inter-site communications; o Hallway or common area monitoring capability; o Access control and security staff – engage contract security staff if necessary; o Additional rooms or space for support services.
5 Pre Disaster	Sheltering	<p>Increase sheltering capacity and capability (including a process to rapidly identify and survey spontaneous shelter sites during activations) activations)</p>
6 Pre Disaster	Sheltering	<p>Ensure there are sufficient material and human resources to meet the requirements identified in the sheltering plans (including resource requests for staff, supplies and equipment to be sourced externally</p>
7 Pre Disaster	Sheltering	<p>Increase and establish agreements with various facilities and vendors that support sheltering activities</p>
8 Pre Disaster	Sheltering	<p>Support local jurisdictions and supporting agencies and organizations in updating their sheltering plan and facility and vendor agreements on an annual basis or after a disaster response based on the lessons learned</p>
9 Pre Disaster	Sheltering	<p>Identify local jurisdiction mass care service capability target thresholds for sheltering, how many people can each jurisdiction support before their capability is exceeded?</p>
10 Pre Disaster	Sheltering	

PERIOD OF ACTIVITY		CAPABILITY	TASK
11	Pre Disaster	Sheltering	Consider alternate transportation (including accessible transportation) and other support requirements for alternate housing situations
1	Pre Disaster	Feeding	Feeding plans are developed in coordination with the whole community feeding partners
2	Pre Disaster	Feeding	Validate Plans include considerations for specialized populations, e.g. children, animals and interaction with ESF #8 or other relevant ESFs on medically necessary dietary issues
3	Pre Disaster	Feeding	Determine existing logistics and resource capabilities
4	Pre Disaster	Feeding	Determine feeding capability goal based on OA Hazard Assessment and demographic assessments of at-risk areas.
5	Pre Disaster	Feeding	Determine logistics and resource requirements to meet the identified capability, to include fuel resources for participating feeding partners
6	Pre Disaster	Feeding	Identify potential kitchen sites
7	Pre Disaster	Feeding	Identify potential catering vendors and establish pre scripted contracts
8	Pre Disaster	Feeding	Utilize hazard specific evacuation studies to refine capability target
9	Pre Disaster	Feeding	Increase feeding capacity and capability
10	Pre Disaster	Feeding	Plan has been exercised and training provided
11	Pre Disaster	Feeding	Update feeding plan on an annual basis or after a disaster response based on the lessons learned
12	Pre Disaster	Feeding	Establish consensus on the pre-disaster feeding baseline with local jurisdictions and feeding stakeholders, then develop planning assumptions for resources required to meet feeding needs due to the disaster.
13	Pre Disaster	Feeding	Identify hazard situations likely to result in subsidized nutrition program and food supply chain disruptions. Convene working group to develop shelter feeding and community feeding strategies and identification of existing capabilities and resources.
15	Pre Disaster	Feeding	Develop multi-jurisdiction feeding plans. Support local jurisdictions in identifying populations requiring additional support needs. Identify county level agencies and organizations for resource support and to

PERIOD OF ACTIVITY		CAPABILITY	TASK
			assist in identifying local stakeholders. (ESL support, AFN and DI support, cultural competency and support of other diverse populations).
16	Pre Disaster	Feeding	Identify local jurisdiction mass care service capability target thresholds for feeding, how many people can each jurisdiction support before their capability is exceeded? Coordinate with CDSS to identify situations and the process to initiate USDA Foods and possible Disaster Supplemental Nutrition Assistance Program (D- SNAP) requests to meet jurisdictional needs.
17	Pre Disaster	Feeding	
18	Pre Disaster	Feeding	Increase feeding capacity and capability
19	Pre Disaster	Feeding	Update feeding plan on an annual basis or after a disaster response based on the lessons learned
20	Pre Disaster	Feeding	Review OA Operational Plans and local capabilities, develop OA Feeding Appendices
1	Pre Disaster	Emergency Supplies	Organize preparedness and planning meetings. Coordinate task force activities.
2	Pre Disaster	Emergency Supplies	Encourage training, exercises, and evaluation amongst task force partners.
3	Pre Disaster	Emergency Supplies	Involve disability services and advocacy organizations to provide disability-inclusive emergency preparedness expertise,
4	Pre Disaster	Emergency Supplies	Consult and integrate animal control/welfare organizations to assess potential household pets and service/assistance animal support needs.
5	Pre Disaster	Emergency Supplies	Support local jurisdictions in identifying populations requiring additional support needs. Identify county level agencies and organizations for resource support and to assist in identifying local stakeholders. (ESL support, AFN and DI support, cultural competency support).
6	Pre Disaster	Emergency Supplies	Identify local jurisdiction mass care service capability target thresholds for emergency supplies, How many people can each jurisdiction support before their capability is exceeded?
7	Pre Disaster	Emergency Supplies	Review OA Operational Plans and local capabilities, develop OA Distribution of Emergency Supplies Appendices
8	Pre Disaster	Reunification	Identify local jurisdiction mass care service capability target thresholds for Reunification How many people can each jurisdiction support before their capability is exceeded?

PERIOD OF ACTIVITY	CAPABILITY	TASK
9 Pre Disaster	Reunification	Assess the need for individual reunification methods and the availability of resources (i.e., reunification systems, communication support; equipment, personnel and teams; access and functional needs; and behavioral health) required to support reunification. Identify shortfalls in requirements and request additional State and Federal resources to support reunification, as required.
10 Pre Disaster	Reunification	Confirm and coordinate with the agencies/organizations responsible for missing persons, unaccompanied minors, the injured, and fatalities.
11 Pre Disaster	Reunification	Establish a coordinated reporting system for reunification activities that is inclusive of all agencies with responsibility for reunification.
12 Pre Disaster	Reunification	Reunification services and support organizations provide accessible, coordinated messaging directing survivors and the public to reunification support and systems available.
13 Pre Disaster	Reunification	Develop talking points and disseminate to reunification service and support organizations.
14 Pre Disaster	Reunification	Coordinate with OA Joint Information Systems to monitor traditional and social media information related to reunification and for additional groups, websites, and apps that are advertising reunification services; provide this information to reunification operations team.
15 Pre Disaster	Reunification	Support local jurisdictions in identifying populations requiring additional support needs. Identify county level agencies and organizations for resource support and to assist in identifying local stakeholders. (ESL support, AFN and DI support, cultural competency support).
16 Pre Disaster	Reunification	Review OA Operational Plans and local capabilities, develop OA Reunification Appendices
17 Pre Disaster	Reunification	Animal Control, Care and Shelter, Humane Society, VOAD, Red Cross. Identify stakeholder work group to update plan for the reunification of displaced individuals and household pets with their owners. Establish a regular (biennial?) review and maintenance cycle of the plan by the supporting organizations.
18 Pre Disaster	Reunification	Develop a plan for the reunification of displaced individuals and household pets with their owners group established to address housing options
19 Pre Disaster	Reunification	

PERIOD OF ACTIVITY		CAPABILITY	TASK
20	Pre Disaster	Reunification	Confirm and coordinate with the agencies/organizations responsible for missing persons, unaccompanied minors, the injured, and fatalities. Reunification services and support organizations provide accessible, coordinated messaging directing survivors and the public to reunification support and systems available.
21	Pre Disaster	Reunification	Develop talking points and disseminate to reunification service and support organizations.
22	Pre Disaster	Reunification	REUNIFICATION Coordinate with PIO/JIC to monitor traditional and social media information related to reunification and for additional groups, websites, and apps that are advertising reunification services; provide this information to reunification operations team
23	Pre Disaster	Reunification	REUNIFICATION pre-coordinate translation of emergency messaging into required languages or accessible media. Coordinate with stakeholders to identify best methods of dissemination so that messaging reaches its intended audience.
24	Pre Disaster	REUNIFICATION	
1	Initiate	Volunteer Coordinator	Work with community and faith-based organizations that can support service delivery;
2	Initiate	Operational Coordination	Define the scope and scale of the disaster Determine the demographics (i.e., population density, ages, cultural and dietary requirements, etc.) of the affected population that will need feeding and the number of shelters that may require feeding support (a resource that can assist with demographic information is the Department of Labor Bureau of Labor Statistics)
3	Initiate	Operational Coordination	Determine resources required to meet the defined need
4	Initiate	Operational Coordination	Determine resources available from NGOs, State/territorial agency food supply caches or the private sector
5	Initiate	Operational Coordination	Identify any shortfalls
6	Initiate	Operational Coordination	Establish availability of in OA human and material resources available to support mass care
7	Initiate	Operational Coordination	Determine type, quantity and location of any mass care resources employed by local Jurisdictions
8	Initiate	Operational Coordination	

PERIOD OF ACTIVITY	CAPABILITY	TASK
9 Initiate	Operational Coordination	Identify the need to source and engage private sector human and material resource capabilities/monies and process for obtaining the resources, if needed
10 Initiate	Operational Coordination	Identify need for OA or Regional mutual assistance human and material resource capabilities/assets and process for obtaining the resources. If required initiate request processes.
11 Initiate	Operational Coordination	Identify potential resource shortfalls for all mass care services/activities required to meet disaster caused needs of displaced population.
12 Initiate	Operational Coordination	REUNIFICATION Activate the agencies with capability and responsibility for support of Reunification .
13 Initiate	Operational Coordination	Review county and local evacuation and mass care operational plans.
14 Initiate	Operational Coordination	Initiate Care and Shelter Branch coordination calls with local jurisdictions and Provide a liaison to the Evacuation Liaison Team to support coordination with county and local governments to meet mass care and emergency resource shortfalls for evacuations
15 Initiate	Operational Coordination	Coordinate Evacuation Survivor support (e.g., registration and tracking of evacuees and mass care support for evacuation operations).
16 Initiate	Operational Coordination	Coordinate with Care and Shelter Branch assigned agencies and organizations to identify resources and develop a strategy to coordinate messaging of mass care and emergency assistance services to underserved and vulnerable populations including those with access and functional needs to include non-English speakers or English as a second language, undocumented workers, unhoused, precariously housed, those with cultural competency concerns including LGBTQTI and new immigrants.
17 Initiate	Operational Coordination	Mobilize mass evacuation support staff to assist with the provision of food, hydration, information, and reunification services, and assist with tracking the movement of evacuees, household pets, personal effects, and durable medical equipment (DME) through deployment of the National Mass Evacuation Tracking System, if requested.
18 Initiate	Operational Coordination	Determine if mass care task forces and/or multiagency coordination systems are required to support local jurisdictions or activity in the Operational Area (e.g., Feeding Support Task Force, Animal Multiagency Coordination System).
19 Initiate	Operational Coordination	

PERIOD OF ACTIVITY	CAPABILITY	TASK
20	Operational Coordination	Initiate Implement any pre-coordinated contracts as required Coordinate with local, state, voluntary-organization, and private-sector partners as required to provide mass care support to states as well as to identify and deliver additional services and resources for host jurisdictions.
21	Operational Coordination	Initiate
22	Operational Coordination	Initiate Coordinate logistics requirements for mass care service sites. In coordination with local jurisdictions, identify the need for Red Cross and Volunteer Coordinator to identify and train additional mass care personnel. As requested, coordinate assignment of mission with Red Cross and Volunteer Coordinator
23	Operational Coordination	Initiate Coordinate with voluntary and community organizations, including organizations serving diverse racial and ethnic populations, that provide essential community relief services, transportation and distribution coordination; child care services; emotional, mental, and spiritual care and counseling; financial assistance; financial counseling; disaster-related case work and case management; and other essential services. Identify capability and facilitate integration with operation where capabilities align with the support of the volunteer coordinator.
24	Operational Coordination	Initiate #####is the lead department for mass care and shelter operations in the City of and is responsible for providing a point of contact or liaison to the Care and Shelter Branch when the EOC is activated
25	Operational Coordination	Initiate In coordination with the local jurisdiction and lead sheltering organization, Initiate regularly scheduled communication with shelter operators
26	Operational Coordination	Initiate Pets and Animals In coordination Animal Control, Reunification and Primary Agency develop a plan for the reunification of displaced individuals and household pets with their owners
27	Operational Coordination	Initiate
28	Operational Coordination	Initiate Establish communication with shelter and other field sites; Develop and implement the Mass Care Work Group Staffing Plan, Assist deployment of MC/EA task force leaders, crew leaders, and workforce with Care And Shelter Branch, Develop daily action plans to assign field teams to areas of responsibility; Establish goals, and acquire needed resources and equipment to complete assigned tasks; Plan relevant to MC/EA activities and services in coordination with regional counterparts;
29	Operational Coordination	Initiate

PERIOD OF ACTIVITY	CAPABILITY	TASK
		and Develop and implement support solutions to address identified and projected MC/EA services and resource shortfalls.
30	Initiate	Operational Coordination
31	Initiate	Operational Coordination
32	Initiate	Operational Coordination
33	Initiate	Operational Coordination
34	Initiate	Operational Coordination
35	Initiate	Operational Coordination
36	Initiate	Operational Coordination
37	Initiate	Operational Coordination
38	Initiate	Operational Coordination

PERIOD OF ACTIVITY		CAPABILITY	TASK
			evacuees, household pets, personal effects, and durable medical equipment (DME) if requested
39	Initiate	Operational Coordination	Initiate assignments to Care and Shelter Branch support departments and agencies, as needed.
40	Initiate	Operational Coordination	In coordination with local jurisdictions, establish full scope of Mass Care services required to meet disaster need
41	Initiate	Operational Coordination	Develop planning assumptions for required resources refine with local jurisdictions
42	Initiate	Operational Coordination	Confirm resource support plan is identified and initiated, initiate resource requests for locally confirmed shortfalls
43	Initiate	Operational Coordination	Identify immediate feeding, hydration, and emergency supply (including durable medical equipment) requirements for the affected area; coordinate with Logistics to support requirements.
44	Initiate	Operational Coordination	Place food vendor, personal assistance services, and other contractors on alert.
45	Initiate	Operational Coordination	Identify and coordinate sheltering requirements to determine the county resources required to meet local/regional shortfalls.
46	Initiate	Operational Coordination	Request inventory and identify available transportation resources, shelter facilities, medical facilities, personnel (including shelter staffing), equipment, and supplies.
47	Initiate	Operational Coordination	Mobilize mass care response teams
48	Initiate	Operational Coordination	In coordination with local jurisdiction- identify or determine which shelters, feeding, bulk distribution, disaster assistance, or other service sites to open and coordinate their opening;
49	Initiate	Operational Coordination	Determine resource availability among Care and Shelter Branch support departments and agencies;
50	Initiate	Operational Coordination	Coordinate support to Implement and oversee public safety and security operations in and surrounding a mass care site as requested
51	Initiate	Operational Coordination	Traffic Control/Management Security and/or law enforcement are responsible for executing the traffic management plan to address ingress, egress, and access of transportation modes and traffic around the facility or site.

PERIOD OF ACTIVITY		CAPABILITY	TASK
52	Initiate	Operational Coordination	Evacuee support identify the agencies and methods used to provide essential care (e.g., food, water) to promote the well-being of evacuees throughout the entire process (including household pets and service animals). Initiate support
53	Initiate	Operational Coordination	Notify County Public Affairs of the event and if possible, provide point of contact for local PIO.
1	Initiate	Sheltering	Review existing contracts to determine if they meet projected Sheltering requirements.
2	Initiate	Sheltering	Request and deploy medical resources to secure health and medical support at shelters and other mass care facilities as requested by local jurisdictions.
3	Initiate	Sheltering	In coordination with local jurisdictions, identify shortfalls and anticipate potential areas for possible support services needed in shelters and other congregate sites.
4	Initiate	Sheltering	Deploy registration support teams to shelters and other mass care sites as requested by local jurisdictions.
5	Initiate	Sheltering	Identify secondary shelter locations (including those outside of impact area) and determine resource needs to support them in coordination with local and receiving jurisdictions.
6	Initiate	Sheltering	Initiate Emergency Non-congregate sheltering and provide other mass care services if needed.
7	Initiate	Sheltering	As needs/shortfalls are identified coordinate deployment health services and physical and behavioral health personnel to support congregate sheltering operations with Health and Medical Branch.
8	Initiate	Sheltering	Support for site evaluation and selection prior to activation of a shelter. This includes evaluation of the site for ADA accessibility and suitability for shelter operations, and maintenance of facility list.
9	Initiate	Sheltering	As requested, support jurisdictions by identifying shelter locations, Mass Care Coordinator, Red Cross, EMD, and IC work to identify shelter location based on mass care sheltering needs (i.e., size, proximity to affected area and associated services).
10	Initiate	Sheltering	As requested, in coordination with other agencies and NGOs support shelter site assessments to identify capability at site locations.
11	Initiate	Sheltering	Support site evaluations to assess accessibility and functionality of sites.

PERIOD OF ACTIVITY	CAPABILITY	TASK	
12	Initiate	Sheltering	### will coordinate with Red Cross related to shelter setup and layout.
13	Initiate	Sheltering	As requested, provide support to local jurisdictions for oversight and support of sheltering operations
14	Initiate	Sheltering	Engage Red Cross for support in providing Registration intake and assessment of shelter residents as requested
15	Initiate	Sheltering	Health Services Medical Service support requirements for local mass care sites will be coordinated through the Care and Shelter Branch. Support to meet the immediate individual disaster caused health needs is typically available at managed Red Cross Sites, this includes referrals, prescription replacements, optical replacements, and other basic services. ##### County Department of Health Services should assist in coordinating other medical and health support resources if shortfalls exist.
16	Initiate	Sheltering	As requested, coordinate support fo local jurisdictions to complete pre-occupancy survey of facility with facility owner
17	Initiate	Sheltering	Ensure shelters are located in a safe and secure area outside of any potential risk areas, e.g. flood plains, hazard sites e.g. flood plains, hazard sites
18	Initiate	Sheltering	Clarify roles at multi-agency shelters; confirm the availability of agencies to support operations and coordinate integration of resources into those operations as needed.
19	Initiate	Sheltering	Identify any support requirements needed for individuals with disabilities and others with access and functional needs
20	Initiate	Sheltering	Review the sheltering plan’s checklist and consider actions for shortfalls Immediately assess, in coordination with shelter operators, the potential shelter capacity requirements and shortfalls
21	Initiate	Sheltering	<ul style="list-style-type: none"> • Estimate evacuation shelter population and subsequent short term shelter population • Identify shelter resource requirements and shortfalls for estimated shelter populations, • Identify shelter resources to support people with disabilities and others with access and functional needs in general population shelters

PERIOD OF ACTIVITY	CAPABILITY	TASK
22	Initiate Sheltering	<p>Public Messaging- in coordination with the supporting Care and Shelter Branch Agencies and Organizations,</p> <ul style="list-style-type: none"> • Coordinate with Joint Information Center/PAO/PIO to refine or develop disaster specific shelter information messages • Develop talking points and disseminate to Sheltering Managers impacted jurisdictions <p>Provide support or capability that allows local jurisdictions to open General Population shelters and staff (ensure provisions are in place for household pets shelters, if not collocated and already included in</p>
23	Initiate Sheltering	
24	Initiate Sheltering	<p>Coordinate sheltering activities with Mass Care Coordinator or designee Complete facility agreement if necessary and implement mass care process for hotel support. See this document for reference: Non- Congregate Sheltering: Using Hotels and Motels as shelter sites.</p>
25	Initiate Sheltering	
26	Initiate Sheltering	<p>Site Security Coordinate with site management for site security needs. Traffic All traffic management plans will be site and incident specific and may be changed based on the needs or situation at the facility.</p>
27	Initiate Sheltering	<p>Traffic Coordinate with local jurisdictions to ensure Shelter traffic management plans are available at active mas care sites and include this information control of an outer perimeter, including surrounding streets leading to the facility Designated arrival and drop-off points Ingress and egress areas Disaster survivor arrival and departure Supplies, deliveries, and personnel Redirection to donation sites Volunteer redirection to Veteran Reserve Corps (VRCs) or NGOs Parking for transportation modes identification of Checkpoints for redirection to other locations of unauthorized people (e.g., self-disaster survivors and media personnel) to prevent traffic congestion around the facility</p>
28	Initiate Sheltering	<p>identification of Tow truck services for obstructing cars (pre-staged or on call)</p>

PERIOD OF ACTIVITY	CAPABILITY	TASK
		<p>Vehicle traffic and vehicle directional signage Control of an outer perimeter, including surrounding streets leading to the facility</p> <p>Designated arrival and drop-off points</p> <p>Ingress and egress areas</p> <p>Disaster survivor arrival and departure</p> <p>Supplies, deliveries, and personnel</p> <p>Redirection to donation sites</p> <p>Volunteer redirection to Veteran Reserve Corps (VRCs) or NGOs</p> <p>Parking for transportation modes</p> <p>identification of Checkpoints for redirection to other locations of unauthorized people (e.g., self-disaster survivors and media personnel) to prevent traffic congestion around the facility</p> <p>identification of Tow truck services for obstructing cars (pre-staged or on call)</p> <p>Vehicle traffic and vehicle directional signage</p> <p>Human Assistance The ##### County DHA is available to coordinate social services and shelter staffing support as well as Functional Assessment and Service Teams (FAST) resources.</p>
29 Initiate	Sheltering	<p>Immediately assess, in coordination with local jurisdictions and where necessary shelter operators- identify potential shelter determine capability requirements and shortfalls • In coordination with local jurisdictions and the EOC planning unit (providers of situational awareness) estimate evacuation shelter population and subsequent short term shelter population</p> <ul style="list-style-type: none"> • Identify shelter resource requirements and shortfalls for estimated shelter populations • Identify shelter resources to support people with disabilities and others with access and functional needs in general population shelters
30 Initiate	Sheltering	<p>Mass Care or Sheltering Coordinator: Coordinate daily with shelter operators:</p> <ul style="list-style-type: none"> • Identify and report on spontaneous shelter locations
31 Initiate	Sheltering	<p>Mass Care or Sheltering Coordinator: Coordinate daily with shelter operators:</p> <ul style="list-style-type: none"> • Establish priorities for shelter support and/or operations within 72 hours • Provide Guidance to shelter operators as requested

PERIOD OF ACTIVITY	CAPABILITY	TASK
		<ul style="list-style-type: none"> • Share disaster specific situational awareness information with shelter operators • Request additional shelter resources to meet actual or projected staff and commodity shortfalls (e.g. EMAC, ESF #6) • Respond to resource requests from shelter operators
32	Initiate	<p>Sheltering</p> <p>Initiate and facilitate in Care and Shelter Branch or mass care specific- Sheltering group, Sheltering and feeding group- the mass care services deployed for the specific disaster coordination calls</p>
33	Initiate	<p>Sheltering</p> <p>Initiate discussions with mass care service providers to discuss potential needs for support, based on shared situational awareness (e.g., support for individuals with disabilities and others with access and functional needs, individuals with limited-English proficiency, children, and household pets and service animals).</p>
34	Initiate	<p>Sheltering</p> <p>Activate memorandums of understanding (MOUs), memorandums of agreement (MOAs), and/or contracts to meet resource requirements at shelters, points of distribution (PODs), and other mass care sites.</p>
35	Initiate	<p>Sheltering</p> <p>Validate Site Security Coordinated with local law enforcement and/or private or contract security officers for security personnel, shift schedules (regular time and overtime), and specific skill sets (e.g., traffic control).and no unmet needs</p>
36	Initiate	<p>Sheltering</p> <p>Validate local jurisdictions coordinated traffic control plans local law enforcement. Coordinate with the EOC Transportation Branch and Law Enforcement to address unmet support needs.</p>
37	Initiate	<p>Sheltering</p> <p>Security Manage and control security of a mass care or shelter site environment, shelter population and staff, and assets and supplies stored at critical staging areas. Security if the EOC is activated, the Mass Care Branch coordinate with impacted jurisdictions to identify any general concerns at shelter and site locations (e.g., issues with the evacuating populations safety issues, perceptions of risk for undocumented based on law enforcement or security presence.). The w Branch will determine who to send to provide security. Security resources may include PD, Explorers, National Guard, or the Unified School District (USD). The Police Department of the w Branch will notify the appropriate patrol officers that a shelter has opened in their area.</p>
38	Initiate	<p>Sheltering</p>

PERIOD OF ACTIVITY	CAPABILITY	TASK
39 Initiate	Sheltering	<p>Security If the EOC is not activated the Red Cross agency representative at the Incident Command Post (ICP) will notify the law enforcement agency representative at the ICP of security needs and concerns at the shelter sites. The Law Liaison will contact PD or other law enforcement resources or security resources for security to meet the needs of the population at the shelter site.</p> <p>Security Law enforcement and/or security will provide internal and external security. Volunteers can perform some security functions such as traffic control to provide law enforcement personnel time for their other responsibilities.</p>
40 Initiate	Sheltering	
41 Initiate	Sheltering	<p>Coordinate the opening of disaster pet shelters to be co-located with public shelters; PANDEMIC Sheltering Determine capacity per facility space requirements increase from 20 sf evacuation/60 sf congregate to 110 SF per person Coordinate with appropriate local and county health officials to ensure compliance with their guidance. Reevaluate the jurisdiction’s shelter plan and adjust number of available shelter spaces based on pandemic guidelines and identify additional facilities as required. Ensure facilities can accommodate people with disabilities and/or others with access and functional needs. For long-term sheltering, provide 110 square feet per person, based on CDC guidelines. Factor in an additional 10,000- 15,000 square feet for other activities (e.g., registration, quarantine etc.) Increase sheltering capacity and capability, (including a process to rapidly identify and survey spontaneous shelter sites during activations). Use shelter tracking system designated by jurisdiction to track shelter population and determine available space</p>
42 Initiate	Sheltering	
1 Initiate	Health and Medical	<p>CIR Establish PII Release of Information protocols Health Services department for this service. DHS will have responsibility for providing policies, procedures, medical direction, and resources to support health and medical support such as, prescription medications, medicine administration, clinic support,</p>
2 Initiate	Health and Medical	<p>Alternate Care Sites (ACS), and medical staff support.</p>

PERIOD OF ACTIVITY		CAPABILITY	TASK
3	Initiate	Health and Medical	Health Services may coordinate medical workers to augment health services personnel through coordination for Medical Reserve Corps or other known Health Service Provider Resources
4	Initiate	Health and Medical	<p>PANDEMIC SHELTERING: Ensure heating, ventilation, and air conditioning (HVAC) system is not centralized (reduces infection rate). Ensure that the facility has adequate air exchange systems and service particularly in areas designated for ill survivors</p> <p>BEHAVIORAL HEALTH Provide support for mental health and bereavement needs of disaster survivors and reunification workers.</p>
5	Initiate	Health and Medical	Validate plan to provide physical and behavioral health services for people in shelters with local jurisdictions. Collaborate to resolve resource shortfalls as they are identified.
6	Initiate	Health and Medical	
1	Initiate	Feeding	Determine scope of impact on local food infrastructure
2	Initiate	Feeding	Determine the number/types of animals that will need feeding/hydration support
3	Initiate	Feeding	Consider establishing criteria or “triggers” that may indicate a reduction or closure of feeding activities, and transition to long-term feeding
4	Initiate	Feeding	Ensure there are sufficient material and human resources to meet the feeding requirements identified in the feeding plans
5	Initiate	Feeding	Increase and establish agreements with various feeding vendors
6	Initiate	Feeding	Conference call with primary food vendors is initiated
7	Initiate	Feeding	Identify any special dietary or cultural feeding requirements
8	Initiate	Feeding	Identify projected requirements for baby food and formula
9	Initiate	Feeding	Identify whether there is a need to integrate distribution of animal food into the feeding operation
10	Initiate	Feeding	The feeding plan’s checklist has been reviewed and action is being considered on any shortfalls
11	Initiate	Feeding	Refine analyses of the scope and scale of the disaster to determine any feeding shortfalls
12	Initiate	Feeding	Initiate daily feeding calls with the whole community feeding partners

PERIOD OF ACTIVITY	CAPABILITY	TASK
13 Initiate	Feeding	Based on the disaster intensity, estimate the projected Meals per Day production and distribution requirements
14 Initiate	Feeding	Assess the identified fixed feeding sites and adjust sites and strategies based on current situation
15 Initiate	Feeding	Assess the impact of the disaster to determine alternatives to conducting feeding operations (e.g., provide generators at grocery stores rather than feeding entire neighborhoods)
16 Initiate	Feeding	Identify mobile feeding routes based on the current situation
17 Initiate	Feeding	Coordinate fuel resources for mass care feeding infrastructure in the affected area
18 Initiate	Feeding	Submit food orders if indicated, 72 hours out and beyond, repeat in alignment with operational period
19 Initiate	Feeding	Identify member agencies/organizations with capability to support community or shelter feeding. Consider local mass care related agencies, local logistics agencies, NGOs, private sector, institutional and other non-traditional feeding groups convene stakeholder capability review and coordination meeting.
20 Initiate	Feeding	Delineate duties/responsibilities within the Care and Shelter Branch identify who will perform them task (obtaining disaster intelligence; obtaining locations of and maintaining contact with disaster feeding sites; liaison with congregate shelters and mobile feeding routes for feeding needs; producing reports; addressing resource requests; addressing problems/complaints, etc.).
21 Initiate	Feeding	Community Feeding Assess the feeding needs for the projected child population, to include requirements for infant formula and infant foods, initiate action to fill shortfalls.
22 Initiate	Feeding	Assess the projected food requirements for household pets and service animals for pets in shelters and for families sheltering in place, initiate actions to meet shortfalls.
23 Initiate	Feeding	Determine if any cultural dietary requirements exist for the impacted area/jurisdiction
24 Initiate	Feeding	Assess NGOs' need, financial ability, and/or capability to contract and/or purchase food commodities through their own resources.

PERIOD OF ACTIVITY		CAPABILITY	TASK
25	Initiate	Feeding	Assess the OA/Regions need, financial ability, and/or capability to contract and/or purchase food commodities through their own resources.
26	Initiate	Feeding	Establish notification/activation procedures, conference call requirements, and on-site participation. Establish on-site location and supplies/equipment needed.
27	Initiate	Feeding	Collect feeding production and distribution capacities from NGOs and report to the appropriate agency within the jurisdiction.
28	Initiate	Feeding	Determine the best method for obtaining information on disaster feeding locations, especially “independents” (community “pop-up” sites) and obtain status information and resource requests from them.
29	Initiate	Feeding	Determine the process for assessing/validating, prioritizing, and filling resource requests and confirm understanding with local jurisdictions and logistics.
30	Initiate	Feeding	Define process for ordering food, supplies and equipment; identify where items will be purchased and where items will be delivered; develop process for picking up items.
31	Initiate	Feeding	Define the process for addressing problems/complaints, within the MAFTF itself and with the disaster feeding operations.
32	Initiate	feeding	Define accountability procedures for non-consumable items.
33	Initiate	Feeding	Define accounting procedures for reimbursable items.
34	Initiate	Feeding	Outline procedures for determining if additional feeding assistance is needed (assessing when grocery stores and the commercial food supply chain are functioning in the jurisdiction; assessing if D-SNAP or other financial nutrition assistance is needed; if food items distribution is needed, etc.).
35	Initiate	Feeding	Review relevant State Emergency Operations Plan, Mass Care Plans and TF Operational Procedures
36	Initiate	Feeding	Obtain briefing from the State Mass Care Coordinator:
37	Initiate	Feeding	on the scale of the disaster and potential impact
38	Initiate	Feeding	Estimated TF size and staffing
39	Initiate	Feeding	Establish task force workspace and connectivity
40	Initiate	Feeding	Review existing contracts to determine if they meet projected Feeding requirements.

PERIOD OF ACTIVITY	CAPABILITY	TASK
41 Initiate	Feeding	<p>Confirm required feeding strategies and coordinate the deployment of NGOs in collaboration with the responding departments and agencies (e.g., the Red Cross, Southern Baptists, The Salvation Army) and the Red Cross has responsibility for ensuring that food service is provided in Red Cross shelters. ### has responsibility for ensuring that food service is provided in independent shelters, either through Red Cross provided resources or through City contract. Food service in all locations will include three meals a day, beverages, and snacks. Shelter staff will have responsibility for providing servers in the shelters. The shelter manager will ensure the food service areas are set up to meet the needs of all shelter residents including ensuring an accessible set up and adaptive utensils. Under all scenarios responsible parties (Red Cross and/or ###) will ensure that food provision meets the dietary requirements and dietary restrictions for people with medical needs and people with disabilities and others with access and functional needs.</p>
42 Initiate	Feeding	<p>FEEDING Initiate regularly scheduled meeting with primary points of contact: Trends,</p>
43 Initiate	Feeding	<p>Sites/Site Capability, Resource Needs: People, Material, Equipment</p>
44 Initiate	Feeding	<p>As required, collaborate with partner agencies to establish feeding programs at shelter sites;</p>
45 Initiate	Feeding	<p>As requested, support development of Feeding plans in coordination with the whole community feeding partners and local jurisdictions. As needed engage support of volunteer coordinator to identify additional human resource support for local feeding operations.</p>
46 Initiate	Feeding	<p>Determine existing logistics and resource capabilities</p>
47 Initiate	Feeding	<p>Determine logistics and resource requirements to meet the identified capability, to include fuel resources for participating feeding partners Identify potential kitchen sites</p>
48 Initiate	Feeding	<p>Increase feeding capacity and capability</p>
49 Initiate	Feeding	<p>Ensure there are sufficient material and human resources to meet the feeding requirements</p>
50 Initiate	Feeding	<p>identified in the feeding plans</p>
51 Initiate	Feeding	<p>Increase and establish agreements with various feeding vendors</p>
52 Initiate	Feeding	<p>Identify potential kitchen sites as needed.</p>

PERIOD OF ACTIVITY		CAPABILITY	TASK
49	Initiate	Feeding	Ensure there are sufficient material and human resources to meet the feeding requirements identified in locally developed feeding plan. Support jurisdiction in filling any identified shortfalls through coordination or resource requests.
50	Initiate	Feeding	Major disasters- coordinate with CDSS- identify need to initiate request for USDA support (outcome- if need confirmed- state coordinates, State Distributing Agency is alerted and assesses and coordinates integration of USDA Foods inventories)
51	Initiate	Feeding	In coordination with local jurisdiction determine feeding requirements and shortfalls
52	Initiate	Feeding	In disasters with extensive impacts to buildings and infrastructure- support development of a community feeding strategy, identify locations for fixed sites and support resource coordination and planning with local jurisdictions
53	Initiate	Feeding	Conference call with primary food vendors is initiated
54	Initiate	Feeding	If the event is a notice event with significant impacts initiate a feeding task force or work group- identify potential sites, resources, and local capability. Work with local jurisdiction to establish shelter feeding support plan and support development or develop community feeding plans as required.
55	Initiate	Feeding	Based on the disaster intensity, estimate the projected Meals per Day production and distribution requirements
56	Initiate	Feeding	Community Feeding Identify the triggers for implementing the feeding plan.
1	Initiate	Diverse Populations	Accessible Information Use of ##### Assistive Technology Cache Resources PANDEMIC SHELTERING Ensure facility has ADA compliant rooms. Establish and socialize prioritization criteria for hotels to use to reserve the accessible rooms for people with accessibility needs. Establish protocols to ensure priority will be given to clients at high risk for communicable or communicable diseases when non-congregate rooms are limited. Ensure all ground floor and easily accessible rooms are prioritized for individuals with access or mobility issues.
2	Initiate	Diverse Populations	Coordinate the establishment and support of a logistics system for targeted distribution of emergency supplies in the affected areas
3	Initiate	Emergency Supplies	
4	Initiate	Emergency Supplies	Identify resources and other requirements and set priorities for their use.

PERIOD OF ACTIVITY		CAPABILITY	TASK
5	Initiate	Emergency Supplies	Utilize existing or develop a multi-agency distribution of emergency supplies support plan, protocols, and procedures.
6	Initiate	Emergency Supplies	Establish DESTF member responsibilities for certain activities, such as information gathering; liaise with other established task forces; produce reports; address resource requests; address problems/complaints, etc.
7	Initiate	Emergency Supplies	EMERGENCY SUPPLIES Initiate regularly scheduled meeting with primary points of contact: Trends, Sites, Resource Needs: People, Material, Equipment Major Disaster CDSS ESF 6 at the state /initiates coordination with Logistics staffs and/or Distribution of Emergency Supplies Task Force to identify: Points of Distribution (POD) locations Projected shelf-stable meal, water and animal food inventories that are available or being sent to Forward Staging Areas. coordinate with any available resources for law enforcement (security) NGOs and FBOs (staffing) and other entities
8	Initiate	Emergency Supplies	Site Security Coordinate with site management for site security needs.
9	Initiate	Emergency Supplies	Traffic All traffic management plans will be site and incident specific and may be changed based on the needs or situation at the facility.
10	Initiate	Emergency Supplies	Identify local resource support plans and coordinate with Logistics to deliver commodities and other emergency supplies (e.g., tents, tarps) to staging areas.
11	Initiate	Emergency Supplies	Stand up a call center and/or reunification coordination center
1	Initiate	Reunification	Coordinate the reunification task force according to established operational procedures.
2	Initiate	Reunification	Determine any critical life- sustaining or safety needs (i.e., unaccompanied and/or injured children) and establish a sub- group to support the needs of unaccompanied minors.
3	Initiate	Reunification	In coordination with local jurisdiction, Care and Shelter Branch Director and Operations, establish priorities for reunification support.
4	Initiate	Reunification	Identify a single organization to report reunification numbers to avoid conflicting reports.
5	Initiate	Reunification	Identify and employ support for mental health and bereavement needs of disaster survivors and reunification workers
6	Initiate	Reunification	

	PERIOD OF ACTIVITY	CAPABILITY	TASK
7	Initiate	Reunification	<p>Determine ongoing need for reunification support for affected population displaced across vast</p> <p>Determine needs for identification of unclaimed fatalities, reunification of unaccompanied minors and missing children, and reunification/disposition of unclaimed household pets and service animals and engage resources to support as needed.</p>
8	Initiate	Reunification	<p>Develop plans to transition individual cases to local agencies when the situation becomes stable, and communications are restored.</p>
9	Initiate	Reunification	<p>Coordinate strategy to assist in the location and reunification of missing children and their parent(s)/legal guardian(s).</p>
10	Initiate	Reunification	<p>if situation assessments support the need. Activate the task force as specified in the State Multi- agency Reunification Services Plan.</p>
11	Initiate	Reunification	<p>REUNIFICATION Determine any critical life- sustaining or safety needs (i.e. unaccompanied and/or injured children) and establish a sub- group to support the needs of unaccompanied minors.</p>
12	Initiate	Reunification	<p>REUNIFICATION Coordinate with other mass care activities, mass care work groups, shelter providers, as well as other mass care facilities, to determine reunification activity and support requirements.</p>
13	Initiate	Reunification	
14	Initiate	Reunification	<p>REUNIFICATION Request additional resources to meet actual or projected shortfalls.</p>
15	Initiate	Reunification	<p>REUNIFICATION attendees’ rep from DCFAS for Children including unaccompanied minors’ rep from DCFAS for Seniors, DI advocate, key rep for diverse communities, County Sheriffs rep primarily unaccompanied minors, NGO Rep, VOAD, 211 call center capability, CDSS rep, Animal advocacy to facilitate reunification for recovered household pets. Trends, Sites/Site Capability, Resource Needs: People, Material, Equipment</p>
16	Initiate	Reunification	<p>REUNIFICATION Establish protocol for assimilation of tracking data collected by responsible agencies. May include emergency medical services, law enforcement personnel, county and State emergency management, public health officials, hospitals and other healthcare facilities, the medical examiner’s/coroner’s office, animal control, non-profit disaster relief organizations, private sector organizations such as Google,</p>

PERIOD OF ACTIVITY	CAPABILITY	TASK
		<p>children’s social service rep, senior social service rep, reps from major ESL or non-English speakers (LatinX, Hmong, Russian, etc...). Lack of interoperability among systems used for reunification (e.g., missing persons, unaccompanied minors, fatality management, patient tracking, evacuation tracking, existing registries for people with disabilities, and lost/found household pets and service animals) will contribute to the complexity of tasks such as validating, reconciling, cross-referencing, and sharing data and will affect the type and scope of reunification services required to support operations.</p> <p>REUNIFICATION In coordination with general counsel and legal from HA, HS, PH and Law enforcement and a rep from CDSS identify if there are standard protocols in and required information sharing agreements that consider the implications of PII.</p> <p>Establish standard protocols to reconcile information collected in individual systems for missing persons, unaccompanied minors, fatality management, patient tracking, evacuation tracking, existing registries for people with disabilities, and lost/found household pets and service animals.</p>
17	Initiate	Reunification
18	Initiate	Reunification
19	Initiate	<p>REUNIFICATION In coordination HA, HS, PH and Law enforcement and a rep from CDSS identify required participants in a workgroup to establish disaster reunification services and integration with any call center operations established for the disaster response.</p> <p>REUNIFICATION prescript messaging for system entry- protocols for family's seeking information, protocols for public to register as "safe and well", establish participating agencies. Establish protocol for getting prioritized messaging on social media (google search etc...) protocol should address primary methods and alternative methods when primary communications are out. Prepare one pager to socialize protocols with supporting agencies. Convene stakeholder capability review on a biannual basis to update protocols (driven by need to integrate emerging technology and changes in privacy standards).</p> <p>REUNIFICATION When initiation of reunification services is eminent or has been identified as required. Convene supporting agencies and organizations (call) review plans, review and update public messaging, initiate public messaging, initiate protocol for information synthesis, initiate reunification protocols.</p>
20	Initiate	Reunification

PERIOD OF ACTIVITY		CAPABILITY	TASK
21	Initiate	Reunification	REUNIFICATION In coordination HA, HS, PH and Law enforcement and a rep from CDSS identify required participants in a workgroup to establish disaster reunification services and integration with any call center operations established for the disaster resp
22	Initiate	Reunification	REUNIFICATION COMPLEX DISASTER Reunification of affected displaced population continues, for unaccompanied minors and missing children and unclaimed fatalities- Individual unresolved cases are transitioned to local agencies when the situation becomes stable, and communications are restored
23	Initiate	Reunification	REUNIFICATION Collaboration between reunification planners and organizations responsible for household pet and service animal support to ensure that household pet sheltering and reunification plans are coordinated with general reunification plans. Assess the need for individual reunification methods and the availability of resources
24	Initiate	Reunification	(i.e., reunification systems, communication support; equipment, personnel, and teams; access and functional needs; and behavioral health) required to support reunification.
25	Initiate	Reunification	REUNIFICATION Identify shortfalls in requirements and request additional State and Federal resources to support reunification, as required.
26	Initiate	Reunification	Establish a coordinated reporting system for reunification activities that is inclusive of all agencies with responsibility for reunification.
27	Initiate	Reunification	Establish priorities for reunification support.
28	Initiate	Reunification	Identify a single organization to report reunification numbers to avoid conflicting reports.
29	Initiate	Reunification	Deploy equipment, personnel, and teams to locations such as shelters and evacuation sites to provide reunification assessments and facilitate reunification activities as needed for the incident if situation assessments support the need.
1	Ongoing	Emergency Supplies	CIR Point of Distribution (POD) site Managers will notify the Mass Care Coordinator of commodity counts, inventory status, and distribution rates at the end of each operational period to allow time to City EOC Logistics and Planning staff to ensure adequate supply chain management.
2	Ongoing	Emergency Supplies	Identify resources and capability available Coordinate with Voluntary Organizations Active in Disasters (VOAD) members, any

PERIOD OF ACTIVITY	CAPABILITY	TASK
1 Ongoing	Diverse Populations	<p>Community Organizations Active in Disaster networks and other mass care service providers to identify available inventory of mass care resources and fill any shortfalls. Accessible Information Bulletin Boards may be displayed in high traffic areas at sites to display relevant information. Be sure to update bulletin boards regularly and keep them relevant. If not updated regularly, they will lose value and residents may no longer read them. Duty</p> <p>Accessible Information Auxiliary aids and services necessary to meet the communication needs of all site residents should be made available. All information will be in accessible formats for people with disabilities and others with access or functional needs. Information support in a shelter includes but is not limited to:</p>
2 Ongoing	Diverse Populations	Accessible Information Translators for other languages and sign language interpreters
3 Ongoing	Diverse Populations	Accessible Information Use of pictograms
4 Ongoing	Diverse Populations	Accessible Information Way-finding guidance for individuals who are blind or have low vision when they cannot see posted signage for transportation resources and activities
5 Ongoing	Diverse Populations	<p>Accessible Information Specific briefings to individuals who have difficulty understanding group announcements or head of household meetings to ensure that transportation information is effectively shared.</p>
6 Ongoing	Diverse Populations	Accessible Information Signs in large print, Braille, or pictograms
7 Ongoing	Diverse Populations	Accessible Information Assistance in filling out or reading forms
8 Ongoing	Diverse Populations	Ensure nutritionally balanced meals are being produced and various cultural/medical dietary requirements are addressed
1 Ongoing	Feeding	Assess animal food/water needs
2 Ongoing	Feeding	Determine sources for the food
3 Ongoing	Feeding	CIR Kitchens and feeding sites will provide the Feeding or Mass Care Coordinator a daily count of meals prepared and distributed, the number of fixed and mobile feeding sites/routes, and the projected number of meals required. In addition, uncooked food products, quantity consumption rates and resupply requests should be considered and coordinated with onsite logistics planning efforts for future meal plans. Any supply or logistics issues, or significant anticipated changes, should be reported regularly as well.
4 Ongoing	Feeding	

PERIOD OF ACTIVITY	CAPABILITY	TASK
		<p>Red Cross EOC will provide the Mass Care Branch with feeding status information. Private contractors that provide food services will report the same information directly to the Mass Care Branch Director.</p>
5 Ongoing	Feeding	Coordinate site inspections with Environmental Health Services;
6 Ongoing	Feeding	<p>Prepare and submit daily statistical reports to the mass care lead. Identify any special dietary or cultural feeding requirements Identify any special dietary or cultural feeding requirements distribution of animal food into the feeding operation The feeding plan’s checklist has been reviewed and action is being considered on any shortfalls Identify projected requirements for baby food and formula</p>
7 Ongoing	Feeding	Identify whether there is a need to integrate
8 Ongoing	Feeding	Refine analyses of the scope and scale of the disaster to determine any feeding shortfalls
9 Ongoing	Feeding	<p>Assess the identified fixed feeding sites and adjust the sites based on current situation Assess the impact of the disaster to determine alternatives to conducting feeding operations (e.g., provide generators at grocery stores rather than feeding entire neighborhoods)</p>
10 Ongoing	Feeding	Submit food orders if indicated, 72 hours
11 Ongoing	Feeding	out and beyond
12 Ongoing	Feeding	<p>Monitor, report the status of feeding operations In coordination with Public Health, Cultural SMEs and AFN/DI advisor support</p>
13 Ongoing	Feeding	<p>assessments to establish nutritionally balanced meals are being produced and various cultural/medical dietary requirements are addressed</p>
14 Ongoing	Feeding	Provide animal food/water and communicate information about where it may be obtained (if not provided at human feeding locations)

PERIOD OF ACTIVITY		CAPABILITY	TASK
15	Ongoing	Feeding	Coordinate procurement specifications with local departments and agencies and activate/issue requests for assistance, as needed. Coordinate with DSS to initiate requests to the region/state when local and county capacity is exceeded. Ensure those individuals with disabilities and others with access and functional needs in mass care facilities receive needed commodities, hygiene items, and DME (e.g., wheelchairs, hospital beds, canes), consumable medical supplies (CMS), and/or personal assistance services.
1	Ongoing	Health and Medical	Coordinate assessment by CFAS and human services/social services to identify critical needs in the impacted area.
2	Ongoing	Health and Medical	Health Services Individuals in mass care settings will require support for health and medical needs. The ##### County Department of Health Services is the primary support
3	Ongoing	Health and Medical	Health Services The ##### County Department of Public Health functions in a preventative role by providing disease surveillance, control measures, and environmental health support. Public Health resources can be requested through the ##### County EOC (CEOC).
4	Ongoing	Health and Medical	
5	Ongoing	Health and Medical	Provide technical support and guidance to field personnel; Arrange support for persons at shelters who require additional assistance, such as unaccompanied minors, persons with disabilities, non-English-speaking persons, etc.12;
6	Ongoing	Health and Medical	Provides technical expertise in issues related to the assessment of health and medical needs of shelter occupants.
7	Ongoing	Health and Medical	Behavioral Health. Care and Shelter Branch will coordinate with Behavioral Health services for resources to meeting acute behavioral health shortfalls
8	Ongoing	Health and Medical	Fatality Management During mass care operations, the death of a client could occur. Anytime a death occurs at a mass care site, contact law enforcement. They will respond and investigate and provide security over the body. Care and Shelter Branch Director will contact the coroner.
9	Ongoing	Health and Medical	Provide animal food/water and communicate information about where it may be obtained (if not provided at human feeding locations)
	Ongoing	Operational Coordination	
	Ongoing	Operational Coordination	Continue to monitor, analyze, validate, and support mass care activities.

PERIOD OF ACTIVITY	CAPABILITY	TASK
Ongoing	Operational Coordination	Assess resource requirements and recommend to the Care and Shelter Branch Coordinator the need, if indicated, for out of area support
Ongoing	Operational Coordination	Maintain situational awareness on the status of power outages/restoration, commercial food distribution channels and other factors that will influence mass care requirements
Ongoing	Operational Coordination	Assess ongoing need for mass care resources
Ongoing	Operational Coordination	In coordination with CDSS and the REOCC request mass care assessment teams and mass care personnel to meet capability shortfalls as needed
Ongoing	Operational Coordination	Coordination to ensure local jurisdictions can meet needs of displaced populations with access and functional or disability integration needs for commodities, hygiene items, and DME (e.g., wheelchairs, hospital beds, canes), consumable medical supplies (CMS), and/or personal assistance services.
Ongoing	Operational Coordination	Conduct meetings with partner departments and agencies to identify ways to support the entire community, including people from diverse racial and ethnic groups, limited English- proficient persons, and people with disabilities, and develop a common operating picture (COP) and resolve outstanding activation and operational issues.
Ongoing	Operational Coordination	Adjust operational objectives and assumptions based on developing shared situational awareness and understanding and information received from local jurisdictions.
Ongoing	Operational Coordination	Activate and deploy mass care mission planning teams to the affected areas as requested by local jurisdictions
Ongoing	Operational Coordination	Coordinate emergency medical care with County departments and agencies.
Ongoing	Operational Coordination	Support local jurisdictions in evaluating effectiveness of meeting objectives for: § Sheltering § Feeding § Distribution of emergency supplies § Support to individuals with disabilities and others with access and functional needs, individuals with limited English proficiency, children, household pets and service animals § Reunification
Ongoing	Operational Coordination	Reprioritize and/or adjudicate resources accordingly.

PERIOD OF ACTIVITY	CAPABILITY	TASK
Ongoing	Operational Coordination	When multiple jurisdictions in the OA are affected coordinate to deploy additional resources to the field or reposition current resources based on a shared situational awareness and the status of completed objectives.
1 Ongoing	Operational Coordination	Coordinate with VOAD members to identify community needs. Support the transition of survivors from congregate to non-congregate sheltering. Support management of unsolicited donations, coordinate the relief efforts of voluntary organizations deployed to the affected area, and share information with voluntary organizations to avoid duplication of services.
2 Ongoing	Operational Coordination	Support local jurisdictions in the development and employment of mass care personnel rotation plan to minimize fatigue, ensure worker health, and maintain capabilities.
3 Ongoing	Operational Coordination	Support reunification services and survivor relocation mechanisms as needed
4 Ongoing	Operational Coordination	Initiate and implement a long-term host jurisdiction mass care services plan to facilitate the integration of survivors into the community.
5 Ongoing	Operational Coordination	CIR operational period, consolidated situation reports for sites and shelters in impacted jurisdictions are compiled and reported to the Operations Section
6 Ongoing	Operational Coordination	Coordinate resource requests from field sites (ARC sites may make requests thru ARC); Coordinate with emergency disciplines such as public health, law enforcement, and
7 Ongoing	Operational Coordination	Emergency Management Agency/Emergency Operations Center (EMA/EOC). Coordinate with JIS to ensure mass care service messaging is accessible and distributed through a coordinated strategy that addresses the need for equitable service to
8 Ongoing	Operational Coordination	diverse populations. As needed refine shelter reporting and other mass care service and need reporting procedures
9 Ongoing	Operational Coordination	Based on the disaster incident, determine if any Subject Matter Expertise (SME) support is needed in the care and shelter branch. Coordinate with Red Cross and CDSS for additional resources
10 Ongoing	Operational Coordination	Collect, analyze, monitor, and report on the status of Mass Care Services activities, including: sheltering; feeding; support services to individuals with disabilities and
11 Ongoing	Operational Coordination	others with access and functional needs as well as individuals with limited-English

PERIOD OF ACTIVITY	CAPABILITY	TASK
		<p>proficiency; distribution of emergency supplies; household pet and service animal support missions (e.g., rescue, transportation, shelter, reunification, care, essential needs); requirements related to children in mass care facilities; and reunification services.</p> <p>Activate and deploy any pre-identified personnel/teams and other resources to support logistics response, evacuation, and shelter/mass care/emergency assistance requirements.</p>
12 Ongoing	Operational Coordination	Establish and monitor communications links with the County's Logistics Section for any
13 Ongoing	Operational Coordination	<p>needed mass care items.</p> <p>Evaluate effectiveness in meeting objectives for:</p> <ul style="list-style-type: none"> § Sheltering § Feeding § Distribution of emergency supplies § Confirm support to individuals with disabilities and others with access and functional needs, individuals with limited English proficiency, children, household pets and service animals § Reunification
14 Ongoing	Operational Coordination	<p>Reprioritize and/or adjudicate resources accordingly.</p> <p>Based on local needs assessments, activate other Care and Shelter Branch agencies and organizations for mass care capability to meet disaster related mass care needs—emergency assistance, housing, and human services—to ensure the full, efficient, and</p>
15 Ongoing	Operational Coordination	<p>timely delivery of mass care services.</p> <p>Coordinate, alert, and deploy, available county mass care resources to support Mass Care Services activities, including sheltering; feeding; distribution of emergency supplies; and support to individuals with disabilities and others with access and functional needs, individuals with limited-English proficiency, children, household pets, and service animals; reunification services; and mass evacuations.</p>
16 Ongoing	Operational Coordination	Integrate with Volunteer and Donations to support voluntary agency coordination and unsolicited donations and unaffiliated volunteer management.

PERIOD OF ACTIVITY		CAPABILITY	TASK
17	Ongoing	Operational Coordination	Support local governments in the development and employment of mass care personnel rotation plan to minimize fatigue, ensure worker health, and maintain capabilities.
18	Ongoing	Operational Coordination	Liaison with branches supporting unsolicited donations (this may be an avenue to identify private sector resources to support mass care activities) and unaffiliated volunteers (potential avenue to meet human resource shortfalls for mass care activities) for potential identification of resources.
19	Ongoing	Operational Coordination	Adjust operational objectives and assumptions based on developing shared situational awareness and understanding.
20	Ongoing	Operational Coordination	Process requests for unfilled resource needs - (resource locally- jurisdiction or whole community, OA- jurisdiction or whole community, Region- jurisdiction or whole community with CDSS supporting, State- through CDSS, federally declared disaster- County- state- federal through CAL OES ESF 6
21	Ongoing	Operational Coordination	Request support services, such as post-earthquake structural inspections, site security, transportation, or communications supplies, through the EOC Operations Support Section;
22	Ongoing	Operational Coordination	Identify policy level issues and prepare recommendations for submission to the Policy Group (EOC-level) for resolution or approval;
23	Ongoing	Operational Coordination	Security Local jurisdictions should identify any known locations where law enforcement presence is required to address security issues. (Red Cross may assist in identifying locations with known security risks or challenges)
24	Ongoing	Operational Coordination	Security Bag screening stations, metal detectors, magnetometers, and other security procedures or devices may be used as necessary and available.
25	Ongoing	Operational Coordination	EI Reporting Shelter Managers will report shelter status to the Red Cross EOC; Shelter Managers at City-managed sites will report shelter status to POC in local jurisdiction or the Shelter or Mass Care coordinator at the EOC (if open) once every 24 hours after the midnight count is completed. The shelter status report will include, at a minimum, the following information for each shelter: Location (street name, number, cross street, zip code); Number of people sheltered (sleeping over) during reporting period;
			Total number of people sheltered to-date; Number of new registrations during the

PERIOD OF ACTIVITY	CAPABILITY	TASK
		<p>reporting period (normally the last 24 hours); Shelter manager’s name; Phone number, radio frequency or any other contact method; Current facility status (open, closed, stand-by); Meals fed in past 24 hours; Animal shelter co-located? (yes/no); and, Summary of critical support needs including functional needs support services. If a shelter nears maximum capacity, the shelter Manager will notify the Red Cross EOC of “full” status. Shelter Manager will also provide written copies of the Daily Shelter ADA checklist (See Attachment B) to the RAP DOC or directly to the DAFN Technical Specialist (when appropriate). The shelter status information includes accessibility barriers and affiliated corrective actions, resource requirements for people with disabilities and others with access and functional needs and unmet needs.</p>
26 Ongoing	Operational Coordination	<p>Collect and verify service delivery statistical information from field sites;</p>
27 Ongoing	Operational Coordination	<p>Provide the Operations Section with situation status updates, including mass care and shelter information for public distribution via the Joint Information Center (JIC); Accessible Information Ensure that multiple accessible redundant effective communication strategies are available to support people with disabilities, people without access to technology resources, ESL and non-English speakers and others with access and functional needs.</p>
28 Ongoing	Operational Coordination	<p>During an emergency or incident, it is important to keep specific records such as staff assignments and costs, related to the response and recovery from the emergency/incident. Each department has their own internal processes for ensuring proper documentation of incident specific cost tracking, personnel time keeping, and record retention of these documents</p>
29 Ongoing	Operational Coordination	<p>In accordance with standard cost accountability practices for unique events, man-made and/or natural disasters, all local and county Departments are required to document their financial costs of labor, materials, and equipment in addressing the event. Nongovernmental, faith based, and volunteer organizations must track volunteer hours and the activities those hours were provided in service of. VOAD will coordinate making sure engaged organizations follow a consistent protocol for compiling and reporting volunteer hours to general services.</p>
30 Ongoing	Operational Coordination	

PERIOD OF ACTIVITY		CAPABILITY	TASK
31	Ongoing	Operational Coordination	Each City Department, proprietary and Council controlled operates their respective accounting operations/practices within the guidelines of the Mayor 's Executive Directives, the California Natural Disaster Assistance Act and the Federal Code of Regulations Title 44 of the Stafford Act to maximize potential reimbursement eligible costs and minimize ineligible costs.
32	Ongoing	Operational Coordination	Red Cross and ##### have responsibility for ensuring collection and maintenance of documentation as it relates to shelter operations.
33	Ongoing	Operational Coordination	Through local jurisdiction and SA resources define scope and scale of the disaster Impacts to infrastructure (water and power), number of residents displaced, number requiring shelter, number requiring feeding, number requiring emergency supplies Identify resources and capability available
34	Ongoing	Operational Coordination	Activate memorandums of understanding (MOUs), memorandums of agreement (MOAs), and/or contracts to meet resource requirements at shelters, points of distribution (PODs), and other mass care sites.
35	Ongoing	Operational Coordination	Support regional Emergency Management Assistance Compact (EMAC) requests for out-of-jurisdiction mass care resources. Identify resources and capability deployed
36	Ongoing	Operational Coordination	Collect, analyze, monitor, and report on the status of Mass Care Services activities, including: sheltering; feeding; support services to individuals with disabilities and others with access and functional needs as well as individuals with limited-English proficiency; distribution of emergency supplies; household pet and service animal support missions (e.g., rescue, transportation, shelter, reunification, care, essential needs); requirements related to children in mass care facilities; and reunification services.
37	Ongoing	Operational Coordination	Identify resources and capability available Support and liaison with voluntary agency coordination Identify the coordinated local strategy for of mass care support to meet identified and potential mass care needs
38	Ongoing	Operational Coordination	- if necessary provide SME support to establish strategy - If multiple jurisdictions are impacted- develop coordinated strategy with impacted

PERIOD OF ACTIVITY	CAPABILITY	TASK	
		<p>jurisdictions</p> <ul style="list-style-type: none"> • Determine resource availability among ESF #6 support departments and agencies; • Process requests for unfilled resource needs (if not filled at the DOC level, then submit to the EOC); • Request City support services, such as post-earthquake structural inspections, site security, transportation, or communications supplies, through the EOC Operations Support Section; • Assign staff to sites; ensure that worker health, safety and security needs are met; • Establish communication with shelter and other field sites; • Coordinate resource requests from field sites (ARC sites may make requests thru ARC); • Work with partner agencies to establish feeding programs at shelter sites; • Arrange for the distribution of food; • Establish physical and behavioral health services for people in shelters; • Coordinate the opening of disaster pet shelters to be co-located with public shelters; • Work with community and faith-based organizations that can support service delivery; • Collect and verify service delivery statistical information from field sites; • Provide technical support and guidance to field personnel" 	
39	Ongoing	Operational Coordination	Refine Planning Assumptions based on situational awareness and EELs
40	Ongoing	Operational Coordination	Impacts have compromised structural integrity of buildings (EQ) coordinate strategy capability for initial facility inspection and inspection following after shocks
41	Ongoing	Operational Coordination	Coordinate mass care with other Care and Shelter Branch agencies and organizations —emergency assistance, housing, and human services—to ensure the full, efficient, and timely delivery of mass care services.
42	Ongoing	Operational Coordination	Coordinate with Logistics to deliver commodities and other emergency supplies (e.g., tents, tarps) to staging areas.
1	Ongoing	Sheltering	In coordination with local jurisdictions, identify shortfalls and anticipate potential areas for possible support services needed in shelters and other congregate sites.

PERIOD OF ACTIVITY	CAPABILITY	TASK
2 Ongoing	Sheltering	Evaluate the feasibility of non- traditional sheltering methods (e.g., private sector solutions, soft-sided shelters, small-sized portable/collapsible shelters). Coordinate with Health and Medical Branch for the relocation of individuals with acute medical conditions whose medical care cannot be sustained in the impact area to communities that can provide the required services in the most integrated setting appropriate.
3 Ongoing	Sheltering	Support identification of financial and other resources that will support survivors as they transition from mass care/sheltering to temporary housing or individual recovery solutions.
4 Ongoing	Sheltering	Support identification of relocation assistance or temporary housing solutions and method of providing that assistance to displaced population in coordination with the housing recovery support agencies.
5 Ongoing	Sheltering	SAFETY CONSIDERATION: Confirm local law enforcement capability to support safety at shelter operations as needed. Safety Weapons: Senate Amendment 4615, the “Vitter Amendment,” to the U.S. Department of Homeland Security (DHS) Appropriations Act (Public Law 109-295), amends the Robert T. Stafford Disaster Relief and Emergency Assistance Act to “prohibit the confiscation of firearms during certain national emergencies.” The intent of the law is to govern the allowance of weapons in various disaster response sites (e.g., reception sites and shelters), prohibiting the confiscation of a firearm during an emergency or major disaster if the possession of such firearm is not prohibited under Federal or State law.
6 Ongoing	Sheltering	Consolidation of shelters may be necessary for a variety of reasons including diminishing shelter populations; necessity of returning a shelter facility to its original use; ad hoc shelter management fatigue; to enhance provision of human services and logistical support. Care and Shelter Branch will coordinate with the sheltering jurisdiction and monitor and assess need to implement shelter consolidations and transitions. They will provide recommendations and support with the development of strategies to conduct transitions as needed.
7 Ongoing	Sheltering	Coordinate with emergency management, the lead sheltering agency and other provider agencies to identify safe facilities as requested by the local jurisdiction;
8 Ongoing	Sheltering	

PERIOD OF ACTIVITY		CAPABILITY	TASK
9	Ongoing	Sheltering	Validate site/facility meets ADA requirements and there is a plan in place to meet any identified shortfalls
10	Ongoing	Sheltering	Assure there are sufficient material and human resources for the expected population Request assessments from local emergency management and NGOs to verify that the sheltering needs of the community have been met and the receiving shelter is within the geographic area where most of the impacted individuals reside, convenient to transportation hubs or have a transportation plan to assist the survivors, including survivors who require accessible transportation
11	Ongoing	Sheltering	Request and deploy medical resources to secure health and medical support at shelters and other mass care facilities, as requested by local jurisdictions
12	Ongoing	Sheltering	Health Services When possible, ##### Fire will coordinate assignment of Emergency Medical Services (EMS) resources to support larger disaster shelters.
13	Ongoing	Sheltering	Health Services If there is an acute medical issue that requires immediate transportation to a hospital, shelter staff should call 9-1-1.
14	Ongoing	Sheltering	Mass Care Coordinator: Continue to monitor and assess shelter populations and resource requirements, e.g., shelter expansion and/or consolidation and closing <ul style="list-style-type: none"> Identify barriers to populations which may cause delayed transitions out of shelters Activate/continue the task force as specified in the multi-agency sheltering plan analyze and summarize consolidated information provide daily reporting summary
15	Ongoing	Sheltering	
16	Ongoing	Sheltering	Determine the placement of functional needs sheltering resources. Unaccompanied Minors- confirm all sites understand If an unaccompanied minor is identified, site staff will assume temporary care and immediately escort the minor to an access-controlled, highly visible shelter location for on-going monitoring and safeguarding until reunification with legal parent and/or caretaker. Additionally, the Site and Shelter Manager will notify the Mass Care Branch to coordinate with the Law Branch or with the OEM Liaison to contact ##### County Department of Children and Family Services staff to take the minor(s) into protective custody. Trained and credentialed caregivers from multiple City departments including the Personnel
17	Ongoing	Sheltering	

PERIOD OF ACTIVITY	CAPABILITY	TASK
18 Ongoing	Sheltering	<p>Department (Personnel), and Department of Children and Family Services will administer temporary care.</p> <p>Transportation Resources Reception centers, safe areas, and shelter sites will require regular access and communication with transportation resources throughout an event. The range of transportation needs will cover movement of community members from safe areas/reception centers to shelters; from shelters to various assistance resources and housing; non-urgent medical transportation to treatment facilities, and transportation of disaster survivors back to their residences. Transportation resources will be provided for the whole community including accessible modes of transportation (vans and buses) for people with disabilities and others with access and functional needs. Sheltering-related issues for LA City’s transportation considerations during a mass care event include:</p> <p>Transportation The Transportation Branch (#### Department of Transportation (DOT)) within the local EOC or ICP will be the first point of contact for any transportation needs identified for an operational period during an event. #### will have responsibility for coordination of all transportation assets.</p>
19 Ongoing	Sheltering	<p>Transportation Public information regarding availability of and access to transportation will be the responsibility of the Joint Information Center (JIC) and will be released in accordance with the Emergency Public Information Annex procedures.</p>
20 Ongoing	Sheltering	<p>Transportation Accessible transportation will be provided for shelter residents when necessary</p>
21 Ongoing	Sheltering	<p>Transportation Shelter residents will receive messaging information regarding transportation resources. Shelter staff is responsible for information sharing in the shelter environment and identifying multiple communication strategies.</p>
22 Ongoing	Sheltering	<p>Transportation needs may exceed available resources. EOC coordination with surrounding counties/operational areas and Cal OES southern region office—mutual aid assets can be requested when local resources are not available. The City EOC Transportation Branch will be the central point for determining any mutual aid needs to address operational priorities and will coordinate with the CEOC.</p>
23 Ongoing	Sheltering	

PERIOD OF ACTIVITY	CAPABILITY	TASK
24 Ongoing	Sheltering	<p>Pets assess needs for local jurisdictions for pet support individuals displaced by a major emergency may bring their pets with them to a shelter or reception center. Service animals and emotional support animals for people with disabilities and others with access and functional needs are required to be transported with individuals. ##### Animal Services will be the responsible entity to work with transportation agencies for transporting animals.</p> <p>Accessible Information Red Cross will coordinate with all jurisdictions to support common understanding and practice of this - Shelter and Site managers are responsible for ensuring clear, concise and up to date information to impacted population using services. This includes daily briefings, bulletin boards and access to information on community services. Additionally, shelter managers will ensure that communication within the shelter is clear and accessible to include, oral, signage, Braille, registration and intake process, television (captioning), telephone and internet accessibility.</p>
25 Ongoing	Sheltering	<p>Confirm local jurisdictions strategy for site security and the responsible entity for site security</p>
26 Ongoing	Sheltering	<p>Confirm transportation strategy and identify capability for transportation to mass care sites including para transit.</p>
27 Ongoing	Sheltering	<p>Confirm strategy and capability for addressing the needs of displaced residents with household pets.</p>
28 Ongoing	Sheltering	
1 Ongoing	Reunification	<p>Provide guidance as required to supported agencies.</p>
2 Ongoing	Reunification	<p>Continue to monitor and assess reunification shortfalls, resource requirements, and public messaging.</p>
3 Ongoing	Reunification	<p>Coordinate with other mass care task forces and/or shelter providers, as well as other mass care facilities, to determine reunification activity and support requirements.</p>
4 Ongoing	Reunification	<p>Request additional resources to meet actual or projected shortfalls.</p>
5 Ongoing	Reunification	<p>Respond to appropriate resource requests.</p>
6 Ongoing	Reunification	<p>Provide information to ad hoc reunification providers on the reunification system in place and account for them in operational plans.</p>

PERIOD OF ACTIVITY	CAPABILITY	TASK
7 Ongoing	Reunification	Report on reunification activities to stakeholders.
8 Ongoing	Reunification	Validate assessments, analyze information, and continuously refine reunification strategies as the situation stabilizes. As impacts scale, reunification may require extensive State and Federal support maintain situational awareness about emergent needs and request resources appropriately. .
9 Ongoing	Reunification	
10 Ongoing	Reunification	Coordinate with all relevant agencies, EOC Functions and supporting organizations. Obtain fatality information for the purpose of reunifying family members and legal guardians with missing persons/remains.
11 Ongoing	Reunification	CIR Personal/Family disaster information will be collected at the shelter or at sites such as the Local Assistance Centers (LACs). Shelter management will use human resources to assist residents in shelters throughout the sheltering support process. As transition to recovery progresses, the emphasis on these support services increases. Disaster survivors may need assistance working with the on-line resources, telephone accessed services, LACs, Federal Disaster Recovery Centers (DRCs), Reunification programs, and access to Long Term Recovery Group (LTRG) services/programs. Coordinate Information Release permissions and establish protocols and aligned understanding with supporting agencies, organizations, and departments.
12 Ongoing	Reunification	
13 Ongoing	Reunification	Support reunification services and survivor relocation mechanisms. Assess and monitor future jurisdictional reunification resource requirements to identify, procure, and transport resources to the impact area in time to meet the need.
14 Ongoing	Reunification	
15 Ongoing	Reunification	Provide guidance as required to supported agencies. Provide information to ad hoc reunification providers on the reunification system in place and account for them in operational plans.
16 Ongoing	Reunification	
17 Ongoing	Reunification	Report on reunification activities to stakeholders. Identify operational priorities, resources, and other requirements and set priorities for their use.
18 Ongoing	Reunification	
19 Ongoing	Reunification	Develop and maintain a clear picture of the reunification resources on hand and enroute.

PERIOD OF ACTIVITY		CAPABILITY	TASK
20	Ongoing	Reunification	Assess reunification providers' shortfalls and follow up on their requests.
21	Ongoing	Reunification	Develop strategies based on incident objectives.
22	Ongoing	Reunification	Validate resource requests and determine whether other jurisdictional, NGO, private sector, or donated resources can support the request; ensure requests do not duplicate those already submitted.
23	Ongoing	Reunification	Coordinate reunification information among all agencies and organizations that have a reunification mission.
24	Ongoing	Reunification	Monitor and assess any emerging needs.
25	Ongoing	Reunification	Monitor and assess accessibility requirements to ensure equal access to emergency services and programs.
1	Stabilize	Sheltering	Obtain status of temporary, interim, and long-term housing resources for displaced population whose homes have been destroyed
2	Stabilize	Sheltering	Request support for and deploy shelter assessment teams as requested by the local jurisdiction.
3	Stabilize	Sheltering	Identify shortfalls and anticipate potential areas for possible support services needed in shelters and other congregate sites. (Wrap around services may need to be developed as an event extends.... potentially ADA shower facilities, mobile generating support.... etc.)
4	Stabilize	Sheltering	Offer to support local jurisdictions with sheltering assessment teams to identify additional support and resource needs. Deploy shelter assessment teams at the request of the local jurisdiction.
5	Stabilize	Sheltering	In coordination with other agency and organizations collaborate with the local jurisdictions and stakeholders to provide accessible transportation for clients as necessary.
1	Stabilize	Health and Medical	Coordinate emergency medical care with county departments and agencies from the county or local EOC
1	Stabilize	Feeding	Assess the identified fixed feeding sites and adjust sites and strategies based on current situation
2	Stabilize	Feeding	Identify mobile feeding routes based on the current situation

PERIOD OF ACTIVITY		CAPABILITY	TASK
3	Stabilize	Feeding	As determined by extent of impact and community need coordinate a community feeding strategy and support resource identification and logistics support.
1	Stabilize	Reunification	Implement plans to transition reunification services to established systems. Coordinate reunification services with DOE and local law enforcement. Additional resources, including the National Emergency Family Registry and Locator System (NEFRLS), and mobilize the NEFRLS call center at the request of the RRCC or the affected state. Activate and fund the National Emergency Child Locator Center, and activate National Center for Missing and Exploited Children (NCMEC) Team Adam to support child reunification at the SLTT levels can be coordinated through CDSS Complex or Major disasters Operations continue and often require continued or additional State and Federal support. Every effort is made to coordinate with all relevant agencies
2	Stabilize	Reunification	"Determine ongoing need for reunification support for affected population displaced across vast identification of unclaimed fatalities, reunification of unaccompanied minors and missing children, and reunification/disposition of unclaimed household pets and service animals. <ul style="list-style-type: none"> • Develop plans to transition individual cases to local agencies when the situation becomes stable and communications are restored geography, reunification/"
3	Stabilize	REUNIFICATION	Implement plans to transition reunification services to established systems. Coordinate with private sector food retail establishments to remove any obstacles to the swift reopening of grocery stores and other private sector food businesses
1	Stabilize	Operational Coordination	Coordinate and Support regional Mutual Assistance agreements requests for out-of-jurisdiction mass care resources as requested
2	Stabilize	Operational Coordination	Coordinate with Voluntary Organizations Active in Disasters (VOAD) members, any Community Organizations Active in Disaster networks and other mass care service providers to identify available inventory of mass care resources and fill any shortfalls.
3	Stabilize	Operational Coordination	Identify need and initiate resource requests for non-Care and Shelter branch site support (site security, transportations, communications resources, engineering support for seismic reinspection post eq or aftershocks)
4	Stabilize	Operational Coordination	

PERIOD OF ACTIVITY		CAPABILITY	TASK
5	Stabilize	Operational Coordination	Engage the private sector to determine resource availability within area of impact. Coordinate with Red Cross to identify any deployment of their damage assessment teams. Review/analyze their reports and reports on the status or restoration of critical infrastructure and damage to survivors' homes to develop and refine planning assumptions for impact and mass care and emergency assistance needs.
6	Stabilize	Operational Coordination	Coordinate with potentially affected jurisdictions to identify anticipated support needs, to include deployment of planning support teams, potential mass care and housing needs, and resource requirements.
7	Stabilize	Operational Coordination	Activate and deploy mass care assessment teams and mass care personnel (including contractors and other support personnel).
8	Stabilize	Operational Coordination	On request, implement pre-scripted mission assignments in support of Mass Care Services if pre-contracted resources are available. If county capability is exceeded coordinate with CDSS for identification of existing state contracted resources.
9	Stabilize	Operational Coordination	Coordinate with local and county, voluntary-organization, and private-sector partners to provide mass care support to jurisdictions as well as to identify and deliver additional services and resources for host jurisdictions.
10	Stabilize	Operational Coordination	Integrate (or further integrate if already engaged) SLTT and Federal/National governments, NGOs, and private sector partners into mass care operations as well as into Housing and Human Services programs as they are mobilized.
11	Stabilize	Operational Coordination	
12	Stabilize	Operational Coordination	Develop initial resource requirement estimates needed to implement the service plan; Housing If disaster impacts significantly reduce the supply of available housing, congregate sheltering may be required until adequate interim, temporary, or long-term housing solutions are identified. Care and Shelter Branch will work in close partnership with the CBOs, the Red Cross, Sacramento County Emergency Management, Sacramento Housing and Redevelopment Office and all available resources to develop a coordinated rehousing strategy for population impacted by the disaster.
1	Sustain	Sheltering	
2	Sustain	Sheltering	Identify barriers to the recovery process for the shelter resident

PERIOD OF ACTIVITY	CAPABILITY	TASK
3 Sustain	Sheltering	<p>In coordination with local community, all care and shelter branch agencies, departments and organizations Identify resources and programs that can be provided to shelter residents to assist them with their recovery. Support a coordinated strategy to connect sheltered population with those resources (shelter transitions, LAC, DRC) Ensure the shelter transition team is integrated with Local partners and County partner- NGO, FBO, Nonprofits, Human Service programs. In a major disaster or declared emergency- same for state and federal partners.</p>
4 Sustain	Sheltering	<p>Identify and train additional mass care personnel, as needed. Coordinate with other NGOs and Red Cross for additional support of this activity. Coordinate additional support through if capability in the county is exceeded.</p>
5 Sustain	Sheltering	<p>Coordinate with U.S. Postal Service (USPS), legal support resources, job resources, transportation resources, department of licensing, VA, Continuums of Care, and Social Security Administration in support of individual needs for impacted residents served by the mass care mission.</p>
6 Sustain	Sheltering	<p>Identify resources and facilitate development of a strategy to address individuals who were unhoused and/or precariously housed before the disaster AND individuals who are newly unhoused by the disaster and who do not have private insurance or are not eligible for state or federal assistance programs.</p>
7 Sustain	Sheltering	<p>Develop overall Care and Shelter Operational Area service delivery plan based on the unique mass care needs of the disaster assess impacts on displaced population based on infrastructure and residential damage, number of population evacuated and anticipated duration of evacuations, disruption in utilities and infrastructure (gas, electric, water service outages and duration) supply chain disruptions (access to food and water). Determine required services to meet need; based on number of population and time- provide initial resourcing estimates for required services, coordinate and verify with impacted jurisdictions, initiate requests for staffing, mmaterial,and equipment shortfalls;</p>
8 Sustain	Sheltering	<p>Obtain resources required to support transition of shelter residents</p>
9 Sustain	Sheltering	<p>Mass Care Coordinator and MASTF Future Planning Tasks:</p> <ul style="list-style-type: none"> • Identify barriers that may impede the closing of shelters such as the homeless

PERIOD OF ACTIVITY	CAPABILITY	TASK
		population, lack of funds, availability of affordable accessible housing, adequate temporary housing options for pets, etc. <ul style="list-style-type: none"> Identify local agencies and organizations that can support alternate housing planning efforts
1 Sustain	Emergency Supplies	Coordinate additional resources for deployment to the field or reposition current resources based on a shared situational awareness and the status of completed objectives.
1 Sustain	Feeding	Assess the identified fixed feeding sites and adjust sites and strategies based on current situation
2 Sustain	Feeding	Identify mobile feeding routes based on the current situation
3 Sustain	Feeding	Confirm field kitchen locations with responsible agencies and request logistical resources to support these sites
4 Sustain	Feeding	Develop transitional feeding plans for consolidation, closing, and long-term feeding requirements
5 Sustain	Feeding	Estimate resources required to support transition
6 Sustain	Feeding	Obtain the required resources
7 Sustain	Feeding	Identify and resolve barriers to returning the feeding requirements back to the community
8 Sustain	Feeding	Identify alternate feeding programs that are still needed: food boxes, mobile feeding
9 Sustain	Feeding	Determine the type & amount of food required, and geographic area of distribution
10 Sustain	Feeding	Establish initial distribution date and process for assembly of food boxes
11 Sustain	Feeding	Establish distribution timeline
12 Sustain	Feeding	Brief long-term recovery staff on the status of feeding programs
13 Sustain	Feeding	Coordinate demobilization process- TRIGGER Existing community feeding resources can handle the feeding needs
14 Sustain	Feeding	In coordination with local jurisdictions Identify mobile feeding routes if there is supply chain disruption and infrastructure impacts affecting multiple jurisdictions.

PERIOD OF ACTIVITY		CAPABILITY	TASK
15	Sustain	Feeding	Coordinate fuel resources for mass care feeding infrastructure in the affected area"
16	Sustain	Feeding	Confirm field kitchen locations with responsible agencies and request logistical resources to support these sites
17	Sustain	Feeding	Develop transitional feeding plans for consolidation, closing, and long-term feeding requirements
18	Sustain	Feeding	Identify alternate feeding programs that are still needed: food boxes, mobile feeding Determine the type & amount of food required, and geographic area of distribution Assess animal food/water needs Determine sources for the food Establish initial distribution date and process for assembly of food boxes Establish distribution timeline
1	Sustain	Operational Coordination	Determine the need for mobile and fixed local assistance center and disaster recovery center sites in coordination with local jurisdiction. Coordinate county agency, departmental and whole community partner support as needed
2	Sustain	Operational Coordination	Deploy agency and department staff to support Local Assistance or Disaster Recovery centers.
3	Sustain	Operational Coordination	Integrate (or further integrate if already engaged) State, Regional, local agency/department partners, NGOs, and private sector partners into mass care operations as their capability allows.
4	Sustain	Operational Coordination	In coordination with local jurisdictions and the Housing Recovery function, support development of a strategy for the transition from emergency sheltering to transitional sheltering and temporary and permanent housing.
5	Sustain	Operational Coordination	Coordinate with private sector food retail establishments to remove any obstacles to the swift reopening of grocery stores and other private sector food businesses
6	Sustain	Operational Coordination	Major or Declared disaster Participate in federal/state coordination calls with the affected jurisdictions and states
7	Sustain	Operational Coordination	Identify needs and Coordinate logistics requirements for Disaster Recovery or Local Assistance Centers and mass care service sites.

PERIOD OF ACTIVITY		CAPABILITY	TASK
8	Sustain	Operational Coordination	Coordinate with the County and Local EOCs to open DRCs and LACs IN COORDINATION WITH MASS CARE COORDINATOR Deploy equipment, personnel, and teams to locations such as shelters and evacuation sites to provide reunification assessments and facilitate reunification activities as needed for the incident.
1	Sustain	REUNIFICATION	IN COORDINATION WITH THE MASS CARE COORDINATOR. Deploy equipment, personnel, and teams to locations such as shelters and evacuation sites to provide reunification assessments and facilitate reunification activities as needed for the incident.
2	Sustain	REUNIFICATION	Stand up a call center and/or reunification coordination center Monitor and assess reunification shortfalls, resource requirements, and public messaging.
3	Sustain	REUNIFICATION	
4	Sustain	REUNIFICATION	Respond to appropriate resource requests.
	Transition to		
1	Recovery/Demob	Operational Coordination	Recommend demobilization of TF members as TF activity declines
	Transition to		Ensure that the TF members provide a summary of their activities and recommendations for improvement prior to demobilizing
2	Recovery/Demob	Operational Coordination	Prepare a final report (After Action Recommendations) for both issues and successes that can be included in the sheltering documents
	Transition to		Collaborate with local and OA emergency management and NGOs to verify that the needs of the community served have been met.
3	Recovery/Demob	Operational Coordination	Post notices about the closing of distribution sites and information about where individuals can go for continued assistance at least 72 hours before closing so that survivors and the public are informed of service delivery change.
	Transition to		Make public notifications through media and other resources at least 72 hours in advance of site consolidation and/or closing.
4	Recovery/Demob	Operational Coordination	Notify the suppliers and support vendors of pending closure to prepare for pickup of equipment and termination of services (e.g., trash, sanitation services).
	Transition to		Update and establish a review cycle for an OA Sheltering plan in coordination with whole community partners
5	Recovery/Demob	Operational Coordination	Identify a work group of SME to review plans provide to quality assurance that plans meet considerations and resources for individuals with disabilities and others with
	Transition to		
6	Recovery/Demob	Operational Coordination	
	Transition to		
7	Recovery/Demob	Operational Coordination	
	Transition to		
8	Recovery/Demob	Operational Coordination	
	Transition to		
9	Recovery/Demob	Operational Coordination	

PERIOD OF ACTIVITY	CAPABILITY	TASK
10 Transition to Recovery/Demob	Operational Coordination	<p>access and functional needs, e.g. children, owners and their pets, and interaction with ESF #8 on medically necessary dietary issues and where there are shortfalls or gaps identify local resources and protocols to ensure that future planning provides consideration for those shortfalls.</p> <p>Support transition of general population shelter residents to alternate housing options</p> <ul style="list-style-type: none"> • Develop strategy for transitioning residents out of congregate shelters • Estimate resources required to support transition of residents out of shelters
11 Transition to Recovery/Demob	Operational Coordination	<p>Agencies providing support at LACs, DRCs or other assistance centers: Assess survivors' disaster assistance needs, prepare supporting documentation, and refer for further action, Request and review additional information and/or documentation from the survivor, and verify information is complete and appropriate; and provide outstanding customer service to survivors that visit the LAC</p>
12 Transition to Recovery/Demob	Operational Coordination	<p>Identify a strategy and resources, then train additional personnel for individual recovery support (casework or case management), as needed. Coordinate with CDSS, other NGOs and Red Cross for additional support of this activity.</p> <p>Coordinate agency and organizational staff to support DRC operations. Representatives for supporting services and programs that can aid with individual recovery (employment, housing assistance, emergency financial assistance, replacement documentation and records, information about housing repair and assistance)</p> <p>Coordinate resources requirements with local jurisdictions. Provide support for individual assistance in determining barriers to individual recovery and identifying possible resources. (Casework strategy)</p>
13 Transition to Recovery/Demob	Operational Coordination	<p>Coordinate with SLTT governments and voluntary organizations to ensure that human services are available (e.g., registration for disaster assistance, disaster case management program, housing programs).</p>
14 Transition to Recovery/Demob	Operational Coordination	<p>Coordinate with the Housing RSF and other human resources to identify the need to provide relocation assistance or other resources to survivors unable to return to their pre-disaster residences.</p>

PERIOD OF ACTIVITY	CAPABILITY	TASK
16	Operational Coordination	Determine if programs addressing behavioral health and individual recovery casework, including crisis counseling and disaster case management, should be extended, in coordination with impacted regions and states.
17	Operational Coordination	Provide support coordinating resources for the provision of case management, crisis counseling, and advocacy services as requested by local jurisdictions
18	Operational Coordination	Conduct multi-agency response and recovery planning that includes risk reduction and mitigation elements
19	Operational Coordination	Coordinate with the Housing Task Force or other housing focused recovery work groups
20	Operational Coordination	Support development of local, county or state Housing Strategy. Support CDSS and the state for the coordination to provide federal financial assistance to eligible survivors through the Individuals and Households Program (IHP), SBA, IRS, DOL, and other programs and departments and agencies to facilitate the transition of survivors from sheltering to permanent housing and begin the recovery process.
21	Operational Coordination	Support CDSS to coordinate the provision of Stafford Act grant programs, such as the Crisis Counseling Program, Disaster Unemployment Assistance, Disaster Legal Assistance, Disaster Case Management, and other human services programs.
22	Operational Coordination	Coordinate with housing authority to expedite housing utility and other inspection processes and consider any potential fee waivers to facilitate homeowners to return to habitable dwellings.
23	Operational Coordination	Coordinate resources to provide survivors who have lost their jobs due to a disaster with unemployment benefits.
24	Operational Coordination	Coordinate with faith-based organizations, community-based organizations, and NGOs to provide additional emergency assistance, as needed.
25	Operational Coordination	Begin to transition from mass care, emergency assistance, and temporary housing activities to permanent housing and human services programs.
26	Operational Coordination	Coordinate with local agencies to ensure that long-term recovery groups are in development or are already established to aid affected individuals and minimize duplication of benefits and services. Contact CDSS for any state support.
27	Operational Coordination	

PERIOD OF ACTIVITY	CAPABILITY	TASK
1 Transition to Recovery/Demob	Sheltering	Ensure that all equipment, materials, and supplies are accounted for and returned, and that the site and equipment are returned to a ready state for future deployment or use.
2 Transition to Recovery/Demob	Sheltering	Ensure that all remaining supplies and equipment are loaded onto appropriate trailers with an inventory list included.
3 Transition to Recovery/Demob	Sheltering	Ensure that the grounds and any buildings that were used have been properly checked and that all trash has been removed and discarded in the appropriate manner.
4 Transition to Recovery/Demob	Sheltering	Schedule a time and date for a walk-through to release facilities/space.
5 Transition to Recovery/Demob	Sheltering	Coordinate with the Housing RSF to transition survivors from sheltering and temporary housing to long-term and permanent housing.
6 Transition to Recovery/Demob	Sheltering	Coordinate with the Health and Social Services RSF to ensure continuous support for social services needs in impacted communities.
7 Transition to Recovery/Demob	Sheltering	Coordinate with the Long-Term Community Recovery group to ensure that long-term recovery groups are in development or are already established to aid affected individuals and minimize duplication of benefits and services.
8 Transition to Recovery/Demob	Sheltering	In coordination with Health and Medical Branch identify capability for support of provision of case management, crisis counseling, and advocacy services. Develop strategy to connect disaster survivors with available resources.
9 Transition to Recovery/Demob	Sheltering	Shelters will remain operational until such time that the community has recovered and is able to accept residents back into individual housing or until shelter residents have secured alternate temporary housing. The demobilization of shelters is the responsibility of the local jurisdiction and will be coordinated back through the EOC Care and Shelter Branch, Red Cross Resources and assets assigned to shelters will be returned to their respective owners, contracts will be closed out and documentation will be filed with each respective agency/organization. Care and Shelter Branch will provide support as requested by the local jurisdiction.
10 Transition to Recovery/Demob	Sheltering	Post notices a minimum of 48 hours prior to the closing of shelters; 72 hours is optimal. Remember that notices need to be accessible to all shelter residents and need

PERIOD OF ACTIVITY	CAPABILITY	TASK
		to be provided in multiple languages, large print, Braille, etc. , depending on the needs of residents.
11	Transition to Recovery/Demob Sheltering	Make public notifications through media and other resources with the best lead time possible; optimal lead time is 72 hours in advance of site consolidation or closing (48 hours at a minimum). Notifications must be equally accessible to people with disabilities and others who will need access to this information to take action.
12	Transition to Recovery/Demob Sheltering	Notify the suppliers and support vendors of pending closure to prepare for pick-up of equipment and termination of services (e.g., trash, sanitation services).
13	Transition to Recovery/Demob Sheltering	Collaborate and coordinate with shelter residents who need assistance in finding alternate safe, accessible, affordable, and secure housing for themselves and their families in order that shelters can close
14	Transition to Recovery/Demob Sheltering	Ensure that all the remaining shelter residents have met with case management staff and have a housing plan.
15	Transition to Recovery/Demob Sheltering	Ensure that all equipment, materials, and supplies are accounted for and returned, and that the site and equipment are returned to a ready-County for future deployment or use.
16	Transition to Recovery/Demob Sheltering	Ensure that all remaining supplies and equipment are loaded onto appropriate trailers with an inventory list included.
17	Transition to Recovery/Demob Sheltering	Ensure that the grounds and any buildings that were used have been properly checked and that all trash has been removed and discarded in the appropriate manner.
18	Transition to Recovery/Demob Sheltering	As requested, Schedule a time and date with the facility owner for a walk-through to release facilities.
19	Transition to Recovery/Demob Sheltering	Ensure that arrangements have been made for a pick-up and return of trailers and leased equipment (forklifts, pallet trucks, dumpsters, ramps, portable showers and toilets, etc.). Make sure that this is not done until all trailers are loaded and ready for pick-up.
20	Transition to Recovery/Demob Sheltering	Validate process for sheltering agency to coordinate arrangements for the repair of any damaged areas of the shelter facility and/or equipment
21	Transition to Recovery/Demob Sheltering	Conduct a sheltering after action review

PERIOD OF ACTIVITY	CAPABILITY	TASK
22 Transition to Recovery/Demob	Sheltering	Provide support for housing strategy planning as requested
23 Transition to Recovery/Demob	Sheltering	Identify resources to support American Red Cross (Red Cross) facility, staff, and resource requirements within, as well as, outside of the affected area, if requested.
24 Transition to Recovery/Demob	Sheltering	Support the transition from immediate/congregate sheltering to longer term temporary housing options as needed.
25 Transition to Recovery/Demob	Sheltering	Develop potential resources to provide to eligible survivors with relocation assistance or temporary housing solutions.
26 Transition to Recovery/Demob	Sheltering	<p>Obtain resources required to support transition of shelter residents</p> <p>Mass Care Coordinator and MASTF Future Planning Tasks:</p> <p>Identify barriers that may impede the closing of shelters such as the homeless population, lack of funds, availability of affordable accessible housing, adequate temporary housing options for pets, etc.</p> <p>Identify local agencies and organizations that can support alternate housing planning efforts Coordinate with the Housing Task Force or other</p> <p>Continue to monitor and assess shelter populations and resource requirements, e.g. shelter expansion and/or consolidation and closing</p> <ul style="list-style-type: none"> • Identify barriers to populations which may cause delayed transitions out of shelters • establish coordination between sheltering lead, recovery leadership and advocacy liaisons to identify resources and strategies to overcome barriers to transition from shelter As needed activate work groups or task forces to resolve emergent problem sets and/or resources shortfall.
27 Transition to Recovery/Demob	Sheltering	Demobilize the sheltering task force
28 Transition to Recovery/Demob	Sheltering	Communicate and coordinate with appropriate Recovery Support Function (RSF) points of contact, such as CDSS for human service and housing support.
29 Transition to Recovery/Demob	Sheltering	Emergency Assistance The disaster event will strain resource for housing, feeding, bulk distribution, and county and local agencies and organizations. This Annex addresses the triggers, key issues, and criteria to be for the mass care response phase and the transition to immediate recovery. Recovery planning begins as soon as the disaster
30 Transition to Recovery/Demob	Sheltering	

PERIOD OF ACTIVITY	CAPABILITY	TASK
Transition to 1 Recovery/Demob	Feeding	occurs. Whether through shelters, Local Assistance Centers (LACs), Federal Disaster Recovery Centers (FDRCs) or other mass care venues focus on individual recovery must be an aligned effort as early in the disaster as possible. Update feeding plan on an annual basis or after a disaster response based on the lessons learned
Transition to 2 Recovery/Demob	Feeding	Assess the need for community feeding and transition remaining individual to alternative methods.
Transition to 3 Recovery/Demob	Feeding	Support transition to long-term feeding or local community resources
Transition to 4 Recovery/Demob	Feeding	Assess county and jurisdiction to identify if criteria met for closing of feeding operations
Transition to 5 Recovery/Demob	Feeding	Monitor and report the demobilization of production and distribution capabilities
Transition to 6 Recovery/Demob	Feeding	Demobilize the feeding task force
Transition to 7 Recovery/Demob	Feeding	Ensure that all remaining products are sorted, inventoried, properly arranged on pallets, and shrink-wrapped for shipping back to the appropriate agency/organization. Feeding Transitioning feeding operations should adhere consistently and be integrated with the Mass Feeding Appendix to the Mass Care and Shelter Annex. Transitional feeding operations will be addressed in this section to describe how feeding efforts will be changed from an ongoing field task and reduced to a point that long-term recovery activities can take over and feeding is no longer necessary. Demobilization and recovery will be considered at the very beginning of an event to allow this transition process to move efficiently when the appropriate time arrives.
Transition to 8 Recovery/Demob	Feeding	Feeding Full demobilization of feeding programs at shelters and mobile programs will not be undertaken until all case work and related individual community member needs are addressed, including survivors, persons with disabilities and others with access or functional needs, and the public.
Transition to 9 Recovery/Demob	Feeding	

PERIOD OF ACTIVITY	CAPABILITY	TASK
10	Transition to Recovery/Demob Feeding	Support transition to long-term feeding or local community resources Estimate resources required to support transition Obtain the required resources
11	Transition to Recovery/Demob Feeding	Identify and resolve barriers to returning the feeding requirements back to the community
12	Transition to Recovery/Demob Feeding	Brief long-term recovery staff on the status of feeding programs Existing community feeding resources can handle the feeding needs <ul style="list-style-type: none"> • Coordinate demobilization process • Assess counties to determine if criteria for closing of feeding operations has been met • Confirm that feeding agencies are coordinating demobilization plans with counties and providing proper notice to the public • Monitor and report the demobilization of production and distribution capabilities
13	Transition to Recovery/Demob Feeding	Conduct a feeding “after-action” session
14	Transition to Recovery/Demob Feeding	Demobilize the feeding task force
15	Transition to Recovery/Demob Feeding	Confirm that feeding agencies are coordinating demobilization plans with counties and providing proper notice to the public
16	Transition to Recovery/Demob Feeding	Conduct a feeding “after-action” session
1	Transition to Recovery/Demob Emergency Supplies	Ensure that all remaining products are sorted, inventoried, properly arranged on pallets, and shrink-wrapped for shipping back to the appropriate agency/oragnziation. Ensure that arrangements have been made for the pickup and return of trailers and leased equipment (e.g., forklifts, pallet trucks, dumpsters). Make sure that this is not done until all trailers are loaded and ready for pickup.
2	Transition to Recovery/Demob Emergency Supplies	Obtain an inventory of necessary items for re-stocking and note any items that will still be needed.
3	Transition to Recovery/Demob Emergency Supplies	Emergency Supplies Bulk distribution operations in an affected community will continue until they are deemed to be no longer needed. The triggers and criteria determining when bulk distribution can be phased out will be an operational decision
4	Transition to Recovery/Demob Emergency Supplies	

PERIOD OF ACTIVITY	CAPABILITY	TASK
5	Transition to Recovery/Demob Emergency Supplies	by the incident managers and the Red Cross EOC based on community needs. The Red Cross will work closely with governmental partners and other CBOs within the incident command structure to determine bulk distribution needs according to factors observed on the ground. Transitioning bulk distribution operations should adhere consistently and be integrated with the Distribution Management Appendix. Determine the need for mobile and fixed local assistance centers or other immediate disaster recovery sites and Mobile Registry Intake Centers through the local jurisdiction.
1	Transition to Recovery/Demob Reunification	Brief long-term recovery staff on the status of reunification services. Conduct a reunification service after action session. <ul style="list-style-type: none"> • Identify resources and other requirements and set priorities for their use. • Develop or utilize existing reunification services support plans, protocols, and procedures, including exercises. • Organize preparedness and planning meetings. • Coordinate task force activities. • Establish MARTF member responsibilities for certain activities, such as (but not limited to): information gathering, coordinating with other established task forces, producing reports, addressing resource requests, and addressing problems/complaints. • Develop an Essential Elements of Information (EEI) template. • Encourage training, exercises, and evaluation amongst task force partners. • Involve support and advocacy organizations for people with disabilities and others with access and functional needs to provide inclusive emergency preparedness expertise.
2	Transition to Recovery/Demob Reunification	In close coordination with local jurisdictions and stakeholders, based on assessments and information received as the response stabilizes- refine planning assumptions, adjust protocols, and demobilize or request personnel, material or equipment as needed.
3	Transition to Recovery/Demob REUNIFICATION	Demobilize reunification operations and/or the task force according to established operational procedures.
4	Transition to Recovery/Demob REUNIFICATION	

PERIOD OF ACTIVITY	CAPABILITY	TASK
5 Transition to Recovery/Demob	REUNIFICATION	Brief long-term recovery staff on the status of reunification services.
6 Transition to Recovery/Demob	REUNIFICATION	Schedule and Conduct a reunification services after action session

