

Summary of _____ County Child Welfare Disaster Plan for SFY _____

County child welfare agencies must complete this summary and submit it to the NC Division of Social Services annually. Instructions for completing this summary can be found in the “Planning & Preparing for a Disaster” section of *Disaster Preparation and Response: A Toolkit for North Carolina Child Welfare Agencies*; the toolkit is located on the NCDSS [Disaster Preparedness Resources](#) web page.

1) Point person(s) for development & update of our county’s child welfare disaster plan.

| Name | Area of responsibility | Phone | Email |
|------|--|-------|-------|
| | Overall direction | | |
| | Shelter management | | |
| | Contact with media | | |
| | Contact with foster & resource parents | | |
| | ICPC Contact | | |
| | NCDSS point of contact | | |
| | IT contact | | |

2) Types of disasters considered in our county’s planning (select all that apply):

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Hurricanes | <input type="checkbox"/> Pandemics | <input type="checkbox"/> Cyber Attacks |
| <input type="checkbox"/> Landslides | <input type="checkbox"/> Winter Storms | <input type="checkbox"/> Civil Unrest or Mass Violence |
| <input type="checkbox"/> Floods | <input type="checkbox"/> Wildfires | <input type="checkbox"/> Nuclear Disaster |

3) Our County Child Welfare Disaster Plan has been distributed to and discussed with all agency staff, resource families, and local agency partners.

Yes No Date(s): _____

4) Agency staff with updated disaster plans for themselves/their families:

Total staff: _____

Number of staff with disaster plans for themselves/their families: _____

5) Our county child welfare disaster plan (hereinafter described as “plan”) meets the following requirements:

| | Yes | No |
|---|--------------------------|--------------------------|
| A. Identification, location, continued services to children prior and immediately following a disaster. | | |
| 1. Plan specifies a procedure for collecting disaster plans from resource families. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Plan specifies how coverage is to be maintained during a disaster event and who to contact if coverage of all mandatory services is not possible. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. There is a plan in place to have current lists of children in agency custody, with contact information, prior to and immediately following a disaster. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Plan specifies who is to contact foster and resource families prior to a disaster, and documents contacts have been made. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Respond to new cases during a disaster. | | |
| 1. Plan clarifies how new cases are to be received if regular methods are disrupted. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Remain in communication with child welfare workers during a disaster. | | |
| 1. Plan specifies what other means of maintaining contact will be used if regular methods are not available. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Plan specifies who will maintain contact with media outlets and necessary scripts have been written and disseminated. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Plan specifies how contact will be maintained with NCDSS so that necessary data can be shared. | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Preserve essential program records. | | |
| 1. Plan details the steps the county will take to preserve records. | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Coordinate services with other states (ICPC). | | |
| 1. Plan details how ICPC regulations are to be met during a disaster. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Plan in place to have a list of any children out of county/state, which documents contacts have been made prior to and after a disaster. | <input type="checkbox"/> | <input type="checkbox"/> |

6) Plan specifies how local child welfare agency staff are to be supported before, during, and after the disaster.

Yes No Date(s): _____

Agency Representative Signature: _____ Date: _____

Print name and job title: _____