

**THE READINESS REPORT:  
DISASTER PREPAREDNESS & CONTINUITY OF  
OPERATIONS PLANNING AMONG  
PINELLAS COUNTY HUMAN SERVICE AGENCIES**

**Presented To  
THE HEALTH & HUMAN SERVICES  
DISASTER RECOVERY LEADERSHIP NETWORK  
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## EXECUTIVE SUMMARY

### THE READINESS REPORT: DISASTER PREPAREDNESS & CONTINUITY OF OPERATIONS PLANNING AMONG PINELLAS COUNTY HUMAN SERVICE AGENCIES

In June 2007, the Health & Human Services Disaster Recovery Leadership Network of Pinellas County (DRLN) undertook a small-scale survey research project. The specific objective of the project was to ascertain the extent of Pinellas County health and human service agencies' planning for continuity of operations and readiness for disaster recovery. Invited to participate in an online survey were 66 human service agencies located in and serving customers in Pinellas County selected from the 2-1-1 Tampa Bay Cares, Inc. database. A second survey was conducted via a paper-and-pencil measure that was mailed to 421 children's centers. Response rates were low; 34 health and human service (HHS) agencies and 63 children's centers provided enough information for analyses (response rates of 51.5% and 15%, respectively).

Respondents provided their organizations' current status on 24 tasks related to continuity of operations planning (COOP) as well as an overall assessment of their disaster preparation. The analyses were conducted separately for the children's centers and HHS agencies. Most of the 34 HHS agencies that responded to this survey appear to be prepared for continuing operations soon after a major disaster or are well on their way to being prepared. This is based on not only their own overall assessment of disaster preparedness (88.3% somewhat or very prepared), but also based on their responses to specific tasks related to continuity of operations and disaster planning. The sky is not so sunny however for the children's centers. Despite just 11 of the 63 children's centers (17.5%) assessing their overall preparedness as "Not At All Prepared," many more than that, sometimes double or triple that number, report they have not yet begun basic COOP tasks. There were four COOP tasks on which significant percentages of both types of respondents have yet to prepare; approximately 20-40% of HHS agencies and 33-60% of children's centers have not yet started on disaster-related budgets, policies and procedures on confidentiality, "Grab & Go Kits" of essential documents, and/or mutual aid agreements.

Some of the most important findings of this research were revealed in the cross-tabulations of task by evacuation zone. Again, when compared with the HHS agencies, the children's centers lag behind. Regardless of the evacuation zone of its administrative office, nearly all of the HHS agencies report being at least somewhat prepared on selected tasks. The agencies most lax about preparedness are those whose administrative offices are in non-evacuation zones. Of the children's centers in Zones A, B and C, one-third to one-half have not budgeted for disaster-related expenses, identified a possible relocation site, prepared "Grab & Go Kits," prioritized essential functions, and/or have no internal communications plan. While no center in Zones D or E assessed itself as "not at all prepared," roughly 11-17% in those zones had not started four of those five key tasks.

Two outcomes from this project occurred as a result of the surveys being sent to children's centers. First, the Pinellas County License Board posted its policies on emergency regulations on its website, and second, more children's centers are now aware of the need for disaster preparedness and planning for continuity of operations. Based on this research, it was recommended that the DRLN continue to offer COOP workshops and develop a "Partnering for Disaster Preparedness" workshop.

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In June 2007, the Health & Human Services Disaster Recovery Leadership Network of Pinellas County (DRLN) undertook a small-scale survey research project.<sup>1</sup> The specific objective of the project was to ascertain the extent of Pinellas County health and human service agencies' planning for continuity of operations and readiness for disaster recovery.

The DRLN is affiliated with the Health & Human Services Coordinating Council of Pinellas County. Core members of the Network represent the Area Agency on Aging, American Red Cross (Tampa Bay Chapter), Department of Children & Families, Juvenile Welfare Board of Pinellas County, Pinellas County Government, Pinellas County Health Department, Pinellas County Schools, Salvation Army (St. Petersburg Area Command), United Way of Tampa Bay, and 2-1-1 Tampa Bay Cares. The mission of the DRLN is to ensure that priority human services are made available to the public at the earliest opportunity should a major disaster occur in Pinellas County.

The costs of this project were covered by Juvenile Welfare Board of Pinellas County (JWB) and the United Way of Tampa Bay. Technical assistance and staff support were provided by the Health & Human Services Coordinating Council. Addresses of the child care centers were provided by the Pinellas County License Board for Children's Centers & Family Day Care Homes.

**Methodology.** Two nearly identical surveys were conducted. The first survey was conducted online throughout May and June 2007. Invited to participate were 66 human service agencies located in and serving customers in Pinellas County selected from the 2-1-1 Tampa Bay Cares, Inc. database. To increase the response rate, the initial deadline was extended and e-mail reminders were sent by the DRLN as well as the JWB contract managers of the non-responding agencies. Thirty-four health and human service (HHS) agencies provided enough information for analyses, resulting in a response rate of 51.5%.<sup>2</sup>

The second survey was conducted in late June via a paper-and-pencil measure that was mailed to 421 children's centers; family homes were excluded.<sup>3</sup> Included with this survey and cover letter

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<sup>1</sup> The DRLN retained the services of consultant Linda Kraus, Ph.D. (through a contract with the Juvenile Welfare Board and the United Way of Tampa Bay) to analyze the survey data and write this report.

<sup>2</sup> Two children's centers responded to the online survey; their data was removed and put into the children's centers' database.

<sup>3</sup> "A *children's center* includes any day nursery, nursery school, kindergarten, or other facility whatsoever which provides child care, with or without compensation. A children's center provides care for five or more children under thirteen years of age, not related to the operator by blood, marriage, or adoption away from the child's own home for no more than twelve hours per day per child. This term shall not be construed to include any center under the jurisdiction of the state board of education, except programs for children under three years of age who are not eligible for participation in the programs under existing or successor provisions of Public Law No. 94-142 or Public Law No. 99-457. A *family day care home* means a facility for child care in a place of residence of a family, person, or persons who receive children from more than one additional household, with or without

were a stamped return envelope and a flyer announcing the dates of three upcoming continuity of operations planning (COOP) workshops being offered by the DRLN. Sixty-three children's centers (including two that responded to the online survey) replied, resulting in a response rate of 15%.

Regardless of which survey they received, respondents were asked to indicate their agencies' status on 24 tasks using a four-point rating scale (*Not Started, Partially Complete, Almost Complete, Complete & Up-to-Date*). The survey items were based on the "Master Task List" from *The SCOOP ON COOP: A Workbook for Human Services Continuity of Operations Planning & Disaster Recovery* developed by the DRLN in May 2007. In addition, respondents were asked their overall assessment of their agencies' disaster preparation and questions related to their sites' hurricane evacuation zone. Respondents were also asked to provide the contact information for the person in the agency responsible for emergency management as well as for an alternate person. Respondents' comments to the open-ended opportunity to provide additional information or feedback to the DRLN are delineated in *Appendix I*. Attachment A contains the cover letter and mail-out survey.

**Analyses.** The analyses consist primarily of frequencies conducted separately for the children's centers and HHS agencies. Because one of the primary concerns for Pinellas County is flooding, cross-tabulations examine the relationship between hurricane evacuation zone and overall assessment of disaster preparedness as well as five particularly important tasks related to continuity of operations planning and disaster preparedness: estimating and budgeting for disaster-related expenses; identifying a potential relocation space; having a plan for internal communications with staff, management, volunteers, and disaster teams; preparing "Grab & Go Kits" of essential documents, vital records and data; and prioritizing essential functions, identifying staff and resource requirements for each function. Cross-tabulations also examine the relationship between overall assessment of disaster preparedness and interest in attending a free COOP workshop. Because of the low response rates with both samples, the results should be interpreted with caution and with limited generalizations to the larger community.

**Evacuation Zones.** A critical issue in disaster preparedness in Pinellas County is determining which agencies are in which hurricane evacuation zones. Zones A and B denote low-lying, flood-prone areas and are therefore the first zones to be evacuated. As indicated in Table 1, 25% or fewer of all the respondents' facilities are in Zones A or B: six of 34 (17.7%) HHS administration offices, 25 of 126 (19.8%) HHS program sites, and 16 of 63 (25.4%) children's centers. Slightly more than one-quarter of HHS administration offices (9; 26.5%) are in Zones C or D and none in E. About 20% (25; 19.8%) of HHS program sites are in Zone C with just ten (7.9%) and six (4.8%) in Zones D and E respectively. Very few children's centers are in Zones C (2; 3.2%), D (4; 6.3%), or E (3; 4.8%). More than 40% of all the sites being reported on are in

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compensation, for the purpose of providing child care and training. No more than five children under thirteen years of age who are not related to such person or persons by blood, marriage, or adoption may receive care at any given time. This includes preschool household members whether present or not and children of any age who are in the operator's care and do not reside in the family day care home. No more than three of the five children may be under two years of age. A family day care home shall not provide care for more than twelve hours per day per child. For the purpose of licensure, a family day care home does not include a provider household caring for children from one additional household." Source: "Definitions of Child Care," Pinellas County License Board, accessed July 5, 2007, at [www.pclb.org](http://www.pclb.org).

non-evacuation zones: 16 (47.1%) of HHS administration offices, 53 (42.1%) HHS program sites, and 26 (41.3%) children’s centers. A rather large proportion of children’s centers (12 agencies; 19%) did not indicate their flood zone, implying that they do not know what it is.<sup>4</sup>

**TABLE 1: Evacuation Zones of Agency Sites.**

	Zone A	Zone B	Zone C	Zone D	Zone E	Non-Evacuation	No Answer	TOTAL
HHS Administration Office	11.8% (4)	5.9% (2)	11.8% (4)	14.7% (5)	0	47.1% (16)	8.8% (3)	100% (34)
HHS Program Sites	12.7% (16)	7.1% (9)	7.9% (10)	19.8% (25)	4.8% (6)	42.1% (53)	5.6% (7)	100% (126)
Children’s Centers	14.3% (9)	11.1% (7)	3.2% (2)	6.3% (4)	4.8% (3)	41.3% (26)	19.0% (12)	100% (63)

**Overall Assessment of Disaster Preparedness.** Table 2 compares the HHS agencies with the children’s centers in regard to their overall assessment of disaster preparedness.<sup>5</sup> While only two of 34 (5.9%) HHS agencies say they are not at all prepared, 11 of 63 (17.5%) children’s centers report they are not prepared. Encouragingly, the vast majority of the respondents report they are at least somewhat prepared (88.3% of HHS agencies; 79.3% of children’s centers).

**TABLE 2: Overall Assessment of Disaster Preparedness.**

	Not at all Prepared	Somewhat Prepared	Very Prepared	No Answer	TOTAL
<b>HHS AGENCIES</b>	5.9% (2)	47.1% (16)	41.2% (14)	5.9% (2)	100% (34)
<b>CHILDREN’S CENTERS</b>	17.5% (11)	46.0% (29)	33.3% (21)	3.2% (2)	100% (63)

Table 3 presents cross-tabulations of evacuation zones by overall assessment of disaster preparedness.<sup>6</sup> The only HHS agency without a plan for preparedness and recovery has its administration office in a non-evacuation zone, while all ten with their administration offices in Zones A, B or C report they are at least somewhat prepared. While four of the seven (57.1%) children’s centers that are not at all prepared are in non-evacuation zones, three of the 16 (18.8%) centers in Zones A or B reported they are not at all prepared. All nine in Zones C, D, or E report they are somewhat or very prepared.

<sup>4</sup> It is known from other sources that a few of the responding children’s centers have many program sites, e.g., R’Club has 35 and YMCA of Suncoast has 30. However, when asked how many of their sites were in which flood zones, respondents reported only the zones of their administration office.

<sup>5</sup> While the survey item “Please provide an overall assessment of how prepared your agency is to deal with a disaster” was the same in both the online and the mail-out surveys, the response categories differed. For the sake of comparison throughout this report, the responses supplied by the children’s centers were recoded to correspond to the categories used by the HHS agencies, specifically *Not Started = Not At All Prepared; Partially Complete = Somewhat Prepared; Almost Complete and Complete & Up-To-Date = Very Prepared.*

<sup>6</sup> Zones D and E have been combined for easier readability of the tables; no HHS agencies reported having administrative offices in Zone E and only three children’s centers.

**TABLE 3: Cross-tabulations of Evacuation Zones by Overall Assessment of Disaster Preparedness.**

<b>HHS AGENCIES (N=30)</b>	<b>Zone A</b>	<b>Zone B</b>	<b>Zone C</b>	<b>Zones D &amp; E</b>	<b>Non-Evacuation</b>	<b>TOTAL</b>
Not at all prepared	0	0	0	0	100% (1)	100% (1)
Somewhat prepared	6.3% (1)	6.3% (1)	25.0% (4)	12.5% (2)	50.0% (8)	100% (16)
Very prepared	23.1% (3)	7.7% (1)	0	23.1% (3)	46.2% (6)	100% (13)
<b>CHILDREN'S CENTERS (N=50)</b>	<b>Zone A</b>	<b>Zone B</b>	<b>Zone C</b>	<b>Zones D &amp; E</b>	<b>Non-Evacuation</b>	<b>TOTAL</b>
Not at all prepared	14.3% (1)	28.6% (2)	0	0	57.1% (4)	100% (7)
Somewhat prepared	12.0% (3)	12.0% (3)	4.0% (1)	16.0% (4)	56.0% (14)	100% (25)
Very prepared	27.8% (5)	11.1% (2)	5.6% (1)	16.7% (3)	38.9% (7)	100% (18)

**Analyses of Vulnerabilities.** With regard to analyzing vulnerable areas and the impact of a disaster on staff, customers, programs/services, property, equipment and resources, 29 of 34 (85.3%) HHS agencies have at least started the process, and 14 (41.2%) report their analysis is complete and up-to-date. The vast majority (29; 85.3%) have completed their insurance review, and 24 (70.6%) have completed or almost completed an inspection of their grounds and facilities for potential hazards. Thirteen (38.2%) of these 34 agencies, however, have not yet started to estimate and budget for disaster-related expenses, and another seven (20.6%) report their budgeting process is only partially complete.

The results are less positive for children's centers. Only 14 of 63 (22.2%) have completed their Vulnerability Analysis, and 19 (30.2%) have not yet started. More than half (34 centers; 54.0%) have not yet to begun to estimate and budget for disaster-related expenses, and another 12 (19%) report their budget and estimates are only partially complete. While 51 of the 63 centers (81%) have completed or almost completed their insurance review, just slightly more than half (34; 55.5%) have completed or nearly completed their inspections for potential hazards.

**TABLE 4: Analyses of Vulnerabilities.**

<b>HHS AGENCIES</b>	<b>Not Started</b>	<b>Partially Complete</b>	<b>Almost Complete</b>	<b>Complete &amp; Up-to-Date</b>	<b>No Answer</b>	<b>TOTAL</b>
Analyzed agency vulnerabilities and the impact of a disaster on staff, customers, programs/ services, property, equipment and resources.	11.8% (4)	32.4% (11)	11.8% (4)	41.2% (14)	2.9% (1)	100% (34)
Estimated and budgeted for costs of a disaster, including leasing temporary equipment, restoring lost data, hiring temporary workers.	38.2% (13)	20.6% (7)	11.8% (4)	26.5% (9)	2.9% (1)	100% (34)
Inspected grounds and facilities, including alternate program locations, for pre-emptive repairs and potential hazards (e.g., tree limbs, roofs, etc.).	8.8% (3)	20.6% (7)	17.6% (6)	52.9% (18)	0	100% (34)
Reviewed its insurance, deductibles, and limits on coverage.	0	5.9% (2)	5.9% (2)	85.3% (29)	2.9% (1)	100% (34)
<b>CHILDREN'S CENTERS</b>	<b>Not Started</b>	<b>Partially Complete</b>	<b>Almost Complete</b>	<b>Complete &amp; Up-to-Date</b>	<b>No Answer</b>	<b>TOTAL</b>
Analyzed vulnerabilities and the impact of a disaster on staff, customers, programs/services, property, equipment and resources.	30.2% (19)	36.5% (23)	9.5% (6)	22.2% (14)	1.6% (1)	100% (63)
Estimated and budgeted for costs of a disaster, including leasing temporary equipment, restoring lost data, hiring temporary workers.	54.0% (34)	19.0% (12)	7.9% (5)	17.5% (11)	1.6% (1)	100% (63)
Inspected grounds and facilities, including alternate program locations, for pre-emptive repairs and potential hazards (e.g., tree limbs, roofs, etc.).	14.3% (9)	30.2% (19)	22.2% (14)	33.3% (21)	0	100% (63)
Reviewed its insurance, deductibles, and limits on coverage.	11.1% (7)	7.9% (5)	11.1% (7)	69.8% (44)	0	100% (63)

Table 5 presents the status of budgeting for disaster-related expenses by respondents' evacuation zones. Of the six HHS agencies in Zones A or B, two (33.3%) have not yet started the estimating and budgeting process, while three (50%) report their budgets are complete and up-to-date. Of the 11 HHS agencies that have not yet started, three (27.3%) are in Zone C, none in D or E, and six (54.5%) are in non-evacuation zones.

With regard to the children's centers, nine of the 16 (56.2%) in Zones A or B have not yet begun budgeting, while five (31.2%) report their budgets are completed or nearly completed. Four of nine (44.4%) in Zones C, D and E are have completed or almost completed this task, while another four have yet to begin. Thirteen of those 26 (50%) that have not yet started the process are in non-evacuation zones.

**TABLE 5: Cross-tabulations of Evacuation Zones by Estimates & Budget of Disaster-Related Expenses.**

<b>HHS AGENCIES (N=30)</b>	<b>Zone A</b>	<b>Zone B</b>	<b>Zone C</b>	<b>Zones D &amp; E</b>	<b>Non-Evacuation</b>	<b>TOTAL</b>
Not Started	9.1% (1)	9.1% (1)	27.3% (3)	0	54.5% (6)	100% (11)
Partially Complete	14.3% (1)	0%	14.3% (1)	28.6% (2)	42.9% (3)	100% (7)
Almost Complete	0	0%	0%	50.0% (2)	50.0% (2)	100% (4)
Complete & Up-to-date	25.0% (2)	12.5% (1)	0%	0	62.5% (5)	100% (8)
<b>CHILDREN'S CENTERS (N=51)</b>	<b>Zone A</b>	<b>Zone B</b>	<b>Zone C</b>	<b>Zones D &amp; E</b>	<b>Non-Evacuation</b>	<b>TOTAL</b>
Not Started	19.2% (5)	15.4% (4)	3.8% (1)	11.5% (3)	50.0% (13)	100% (26)
Partially Complete	9.1% (1)	9.1% (1)	0	9.1% (1)	72.7% (8)	100% (11)
Almost Complete	0	20.0% (1)	20.0% (1)	20.0% (1)	40.0% (2)	100% (5)
Complete & Up-to-date	33.3% (3)	11.1% (1)	0	22.2% (2)	33.3% (3)	100% (9)

**Identification of Relocation Site.** Table 6 presents the results related to identification of potential relocation sites and associated tasks. While 20 of 34 (58.8%) HHS agencies have completed identification of a possible site, fewer than half (16 agencies; 47.1%) have completely ensured that the alternate facility can provide needed logistical support and infrastructure or have completed identifying the equipment needed to sustain relocation and establish communication (14; 41.2%). Eight of 34 (23.5%) HHS agencies have not yet begun identifying a relocation site, four (11.8%) have not identified the necessary equipment, and 10 (29.4%) have not ensured the alternate site can support a relocation.

Substantial numbers of children's centers have not yet started the tasks related to relocation. Twenty-four of the 63 (38.1%) have not yet begun identifying a relocation site, 29 (46%) have not identified the necessary equipment, and 32 (50.8%) have not ensured the alternate site can support a relocation. Only about one-third of the centers report they have completed or almost completed identifying necessary equipment (19; 30.1%) or ensured that the alternate facility can provide needed logistics and infrastructure (21; 33.3%).

**TABLE 6: Identification of Relocation Site.**

<b>HHS AGENCIES</b>	<b>Not Started</b>	<b>Partially Complete</b>	<b>Almost Complete</b>	<b>Complete &amp; Up-to-Date</b>	<b>No Answer</b>	<b>TOTAL</b>
Identified relocation space, if necessary, and determined its evacuation zone.	23.5% (8)	5.9% (2)	8.8% (3)	58.8% (20)	2.9% (1)	100% (34)
Identified equipment needed to sustain relocation and establish communication.	11.8% (4)	23.5% (8)	17.6% (6)	41.2% (14)	5.9% (2)	100% (34)
Ensured that identified alternate facility can provide needed logistical support and has necessary infrastructure.	29.4% (10)	11.8% (4)	8.8% (3)	47.1% (16)	2.9% (1)	100% (34)
<b>CHILDREN'S CENTERS</b>	<b>Not Started</b>	<b>Partially Complete</b>	<b>Almost Complete</b>	<b>Complete &amp; Up-to-Date</b>	<b>No Answer</b>	<b>TOTAL</b>
Identified relocation space, if necessary, and determined its evacuation zone.	38.1% (24)	20.6% (13)	7.9% (5)	33.3% (21)	0	100% (63)
Identified equipment needed to sustain relocation and establish communication.	46.0% (29)	23.8% (15)	6.3% (4)	23.8% (15)	0	100% (63)
Ensured that identified alternate facility can provide needed logistical support and has necessary infrastructure.	50.8% (32)	14.3% (9)	7.9% (5)	25.4% (16)	1.6% (1)	100% (63)

Table 7 presents cross-tabulations of evacuation zones by the key disaster preparedness task of identifying a potential relocation space. The results indicate that those HHS agencies that most need to have an alternate space identified do indeed have one; all six agencies in Zones A and B report they are complete and up-to-date with regard to this task and five of the nine (55.6%) in Zones C, D and E. In fact, the only HHS agencies (7) that have not yet started the process are in non-evacuation zones.

The picture is quite different, however, with regard to the children's centers. Nine of the 16 (56.2%) centers in Zones A or B have not yet begun identifying a possible relocation site, and just six (37.5%) report they have completed or almost completed the process. Three of the nine (33.3%) in Zones C, D and E have not yet begun, while five in those zones (55.6%) have completed or almost completed this task. Seven of the 19 (36.8%) centers that have not yet started the process are in non-evacuation zones.

**TABLE 7: Cross-tabulations of Evacuation Zones by Identification of Relocation Space.**

<b>HHS AGENCIES (N=31)</b>	<b>Zone A</b>	<b>Zone B</b>	<b>Zone C</b>	<b>Zones D &amp; E</b>	<b>Non-Evacuation</b>	<b>TOTAL</b>
Not Started	0	0	0	0	100% (7)	100% (7)
Partially Complete	0	0	100% (2)	0	0	100% (2)
Almost Complete	0	0	66.7% (2)	0	33.3% (1)	100% (3)
Complete & Up-to-date	21.1% (4)	10.5% (2)	0	26.3% (5)	42.1% (8)	100% (19)
<b>CHILDREN'S CENTERS (N=51)</b>	<b>Zone A</b>	<b>Zone B</b>	<b>Zone C</b>	<b>Zones D &amp; E</b>	<b>Non-Evacuation</b>	<b>TOTAL</b>
Not Started	26.3% (5)	21.1% (4)	0	15.8% (3)	36.8% (7)	100% (19)
Partially Complete	0	9.1% (1)	9.1% (1)	0	81.8% (9)	100% (11)
Almost Complete	0	25.0% (1)	0	25.0% (1)	50.0% (2)	100% (4)
Complete & Up-to-date	23.5% (4)	5.9% (1)	5.9% (1)	17.6% (3)	47.1% (8)	100% (17)

**Communications Plans.** The vast majority of the HHS agencies have either complete or almost complete communications plans in place (see Tables 8 and 9). Over 80% of the 34 have internal communications plans (28; 82.3%) and have compiled their employees' emergency information and plans (28; 82.3%). Approximately two-thirds (22 agencies; 64.7%) have external communications plans or are close to completing them. Very few HHS agencies (numbers range from one [2.9%] to four [11.8%]) report not having started at least some component of their communications plans.

While almost half of the 63 children's centers have completed compiling their employees' contact information (30; 47.6%) and have an up-to-date plan for internal communications (27; 42.9%), approximately 20-25% have not yet begun at least some component of their communications plans. Eleven (17.5%) have neither compiled employees' information nor developed an internal communications plan, and 13 (20.6%) have not informed employees about procedures for alerts and COOP activation. Fourteen (22.2%) report not having begun a plan for external communications, and 18 (28.6%) have not compiled the emergency contact information for their creditors, vendors, contractors and others with whom they do business.

**TABLE 8: Internal Communications Plans.**

<b>HHS AGENCIES</b>	<b>Not Started</b>	<b>Partially Complete</b>	<b>Almost Complete</b>	<b>Complete &amp; Up-to-Date</b>	<b>No Answer</b>	<b>TOTAL</b>
Has a plan for internal communications for staff, management, volunteers, disaster teams (e.g., phone tree).	2.9% (1)	8.8% (3)	14.7% (5)	67.6% (23)	5.9% (2)	100% (34)
Compiled employee emergency contact info, availability and evacuation plans.	2.9% (1)	11.8% (4)	17.6% (6)	64.7% (22)	2.9% (1)	100% (34)
Informed employees about procedures for alerts, advisories and COOP plan activation.	2.9% (1)	20.6% (7)	29.4% (10)	44.1% (15)	2.9% (1)	100% (34)
<b>CHILDREN'S CENTERS</b>	<b>Not Started</b>	<b>Partially Complete</b>	<b>Almost Complete</b>	<b>Complete &amp; Up-to-Date</b>	<b>No Answer</b>	<b>TOTAL</b>
Has a plan for internal communications for staff, management, volunteers, disaster teams (e.g., phone tree).	17.5% (11)	19.0% (12)	19.0% (12)	42.9% (27)	1.6% (1)	100% (63)
Compiled employee emergency contact info, availability and evacuation plans.	17.5% (11)	15.9% (10)	19.0% (12)	47.6% (30)	0	100% (63)
Informed employees about procedures for alerts, advisories and COOP plan activation.	20.6% (13)	33.3% (21)	27.0% (17)	19.0% (12)	0	100% (63)

**TABLE 9: External Communications Plans.**

<b>HHS AGENCIES</b>	<b>Not Started</b>	<b>Partially Complete</b>	<b>Almost Complete</b>	<b>Complete &amp; Up-to-Date</b>	<b>No Answer</b>	<b>TOTAL</b>
Has a plan for external communications (e.g., customers, suppliers, other agencies, emergency personnel, and media).	11.8% (4)	17.6% (6)	17.6% (6)	47.1% (16)	5.9% (2)	100% (34)
Compiled emergency contact information for personnel, creditors, vendors, contractors, insurance providers, etc.	8.8% (3)	14.7% (5)	35.3% (12)	35.3% (12)	5.9% (2)	100% (34)
<b>CHILDREN'S CENTERS</b>	<b>Not Started</b>	<b>Partially Complete</b>	<b>Almost Complete</b>	<b>Complete &amp; Up-to-Date</b>	<b>No Answer</b>	<b>TOTAL</b>
Has a plan for external communications (e.g., customers, suppliers, other agencies, emergency personnel, and media).	22.2% (14)	33.3% (21)	14.3% (9)	30.2% (19)	0	100% (63)
Compiled emergency contact information for personnel, creditors, vendors, contractors, insurance providers, etc.	28.6% (18)	25.4% (16)	17.5% (11)	28.6% (18)	0	100% (63)

When internal communications plans are examined in conjunction with evacuation zones (Table 10), the results for HHS agencies are very positive. The only HHS agency that has not started an internal communications plan is in a non-evacuation zone. All six agencies in Zones A and B and seven of the eight (87.5%) in Zones C, D and E have complete and up-to-date internal communications plans.

Of the 18 children’s centers in Zones A, B and C, only three (16.7%) have not started an internal communications plan while 14 (77.8%) have complete or nearly complete internal plans. All seven centers in Zones D and E have at least started on their plans. Four of the seven centers (57.1%) that have not started their internal communications plans are in non-evacuation zones.

**TABLE 10: Cross-tabulations of Evacuation Zones by Internal Communications Plan.**

<b>HHS AGENCIES (N=30)</b>	<b>Zone A</b>	<b>Zone B</b>	<b>Zone C</b>	<b>Zones D &amp; E</b>	<b>Non-Evacuation</b>	<b>TOTAL</b>
Not Started	0	0	0	0	100% (1)	100% (1)
Partially Complete	0	0	50.0% (1)	0	50.0% (1)	100% (2)
Almost Complete	0	0	40.0% (2)	20.0% (1)	40.0% (2)	100% (5)
Complete & Up-to-date	18.2% (4)	9.1% (2)	0	18.2% (4)	54.5% (12)	100% (22)
<b>CHILDREN’S CENTERS (N=51)</b>	<b>Zone A</b>	<b>Zone B</b>	<b>Zone C</b>	<b>Zones D &amp; E</b>	<b>Non-Evacuation</b>	<b>TOTAL</b>
Not Started	0	28.6% (2)	14.3% (1)	0	57.1% (4)	100% (7)
Partially Complete	0	10.0% (1)	0	20.0% (2)	70.0% (7)	100% (10)
Almost Complete	27.3% (3)	9.1% (1)	0	9.1% (1)	54.5% (6)	100% (11)
Complete & Up-to-date	26.1% (6)	13.0% (3)	4.3% (1)	17.4% (4)	39.1% (9)	100% (23)

**Identification & Protection of Vital Documents & Inventory.** Most of the HHS agencies have completed or almost completed tasks related to the identification and protection of vital documents and agency inventory. As indicated in Table 11, roughly 70% of the 34 agencies have completed or nearly completed identification of their vital documents (24 agencies; 70.6%), have established and implemented backup procedures for vital documents (25; 73.5%), inventoried their equipment (25; 73.6%), and developed policies and procedures regarding confidential data in the event of emergency relocation (23; 67.6%). Twenty agencies (58.8%) have prepared or nearly completed their preparations of “Grab & Go Kits” of essential documents. Despite those positive figures, a significant percent have not yet begun to prepare “Grab & Go Kits” (8 agencies; 23.5%) nor begun to develop policies and procedures regarding confidential data (7; 20.6%).

Although 41 of 63 children’s centers (60%) have completed or nearly completed identification of their vital documents, roughly one-third have not yet started other tasks related to the identification and protection of vital documents and agency inventory. Eighteen (28.6%) have not established and implemented backup procedures for vital documents, 21 (33.3%) have not developed policies and procedures regarding confidentiality, 23 (36.5%) have not prepared “Grab & Go Kits” of essential documents, and 19 (30.2%) have not inventoried their facilities.

**TABLE 11: Identification & Protection of Vital Documents & Inventory.**

<b>HHS AGENCIES</b>	<b>Not Started</b>	<b>Partially Complete</b>	<b>Almost Complete</b>	<b>Complete &amp; Up-to-Date</b>	<b>No Answer</b>	<b>TOTAL</b>
Identified vital documents, their location, and responsible staff.	5.9% (2)	20.6% (7)	20.6% (7)	50.0% (17)	2.9% (1)	100% (34)
Established and implemented backup procedures for vital documents (hard and electronic copies, multiple locations).	2.9% (1)	20.6% (7)	29.4% (10)	44.1% (15)	2.9% (1)	100% (34)
Developed policies and procedures that provide for the security of confidential or sensitive data in event of emergency relocation and reduced staff.	20.6% (7)	5.9% (2)	17.6% (6)	50.0% (17)	5.9% (2)	100% (34)
Prepared “Grab & Go Kits” (or list of contents) of essential documents, vital records and data.	23.5% (8)	11.8% (4)	35.3% (12)	23.5% (8)	5.9% (2)	100% (34)
Inventoried equipment, facilities, and grounds (includes serial and model numbers, description, costs, warranty/ lease information, videos and/or photo documentation).	5.9% (2)	17.6% (6)	26.5% (9)	47.1% (16)	2.9% (1)	100% (34)
<b>CHILDREN’S CENTERS</b>	<b>Not Started</b>	<b>Partially Complete</b>	<b>Almost Complete</b>	<b>Complete &amp; Up-to-Date</b>	<b>No Answer</b>	<b>TOTAL</b>
Identified vital documents, their location, and responsible staff.	17.5% (11)	17.5% (11)	20.6% (13)	44.4% (28)	0	100% (63)
Established and implemented backup procedures for vital documents (hard and electronic copies, multiple locations).	28.6% (18)	20.6% (13)	14.3% (9)	36.5% (23)	0	100% (63)
Developed policies and procedures that provide for the security of confidential or sensitive data in event of emergency relocation and reduced staff.	33.3% (21)	17.5% (11)	17.5% (11)	30.2% (19)	1.6 (1)	100% (63)
Prepared “Grab & Go Kits” (or list of contents) of essential documents, vital records and data.	36.5% (23)	22.2% (14)	25.5% (16)	15.9% (10)	0	100% (63)
Inventoried equipment, facilities, and grounds (includes serial and model numbers, description, costs, warranty/ lease information, videos and/or photo documentation).	30.2% (19)	28.6% (18)	9.5% (6)	31.7% (20)	0	100% (63)

As indicated in Table 12, all 15 HHS agencies in the evacuation zones have begun “Grab & Go Kits” of their essential documents and 86.7% (13) report their Kits are complete or almost complete. The only agencies that have not yet begun this task are the seven with their administrative office located in a non-evacuation zone.

Of the 16 children’s centers in Zones A or B, five (31.2%) have not prepared their Kits, while 10 (62.5%) report their Kits are completely prepared or nearly so. Three centers (33.3%) in Zones C, D and E have not yet started, and of the 16 centers that have not yet begun Kits, eight (50%) are in non-evacuation zones.

**TABLE 12: Cross-tabulations of Evacuation Zones by Prepared “Grab & Go Kits” of Essential Documents.**

<b>HHS AGENCIES (N=30)</b>	<b>Zone A</b>	<b>Zone B</b>	<b>Zone C</b>	<b>Zones D &amp; E</b>	<b>Non-Evacuation</b>	<b>TOTAL</b>
Not Started	0	0	0	0	100% (7)	100% (7)
Partially Complete	0	0	25.0% (1)	25.0% (1)	50.0% (2)	100% (4)
Almost Complete	16.7% (2)	8.3% (1)	25.0% (3)	16.7% (2)	33.3% (4)	100% (12)
Complete & Up-to-date	28.6% (2)	14.3% (1)	0	28.6% (2)	28.6% (2)	100% (7)
<b>CHILDREN’S CENTERS (N=51)</b>	<b>Zone A</b>	<b>Zone B</b>	<b>Zone C</b>	<b>Zones D &amp; E</b>	<b>Non-Evacuation</b>	<b>TOTAL</b>
Not Started	12.5% (2)	18.8% (3)	6.3% (1)	12.5% (2)	50.0% (8)	100% (16)
Partially Complete	7.7% (1)	0	0	7.7% (1)	84.6% (11)	100% (13)
Almost Complete	23.1% (3)	15.4% (2)	7.7% (1)	15.4% (2)	38.5% (5)	100% (13)
Complete & Up-to-date	33.3% (3)	22.2% (2)	0	22.2% (2)	22.2% (2)	100% (9)

**Other COOP Tasks.** Table 13 presents the results for a variety of disaster preparedness and continuity of operations tasks. Twenty-seven of the 34 HHS agencies (79.4%) have completed or nearly completed establishing lines of succession, and 26 (76.4%) report completely or almost completely updated rosters of personnel with the authority to perform essential functions. Over half have completed or almost completed establishing disaster recovery teams (18 agencies; 52.9%) and prioritizing essential functions (19; 55.9%). Results indicate that a substantial portion of HHS agencies have not initiated or completed sufficient mutual aid agreements with local agencies to help ensure that services can resume within three to five days of a major disaster. While 12 (35.3%) have complete and up-to-date mutual aid agreements, 11 (32.4%) have not yet begun the process.

Substantial numbers of the 63 children’s centers have not yet started these important tasks. Ten (15.9%) have not yet started establishing lines of succession and 14 (22.2%) do not have updated

rosters of key personnel. Nearly 40% (25 centers; 39.7%) have not yet established disaster recovery teams, and 19 (30.2%) have not prioritized their essential functions. Most significantly, 60.3% (38 centers) have not initiated mutual aid agreements to help ensure they can resume service within five days after a major disaster.

<b>TABLE 13: Other COOP Tasks.</b>						
<b>HHS AGENCIES</b>	<b>Not Started</b>	<b>Partially Complete</b>	<b>Almost Complete</b>	<b>Complete &amp; Up-to-Date</b>	<b>No Answer</b>	<b>TOTAL</b>
Established agency teams with disaster recovery missions, tasks, timetables.	11.8% (4)	35.3% (12)	14.7% (5)	38.2% (13)	0	100% (34)
Listed and prioritized essential agency functions, identifying staff and resource requirements for each function.	11.8% (4)	32.4% (11)	11.8% (4)	44.1% (15)	0	100% (34)
Established lines of succession within the agency for leadership positions and established limitations on authority.	2.9% (1)	11.8% (4)	17.6% (6)	61.8% (21)	5.9% (2)	100% (34)
Have update-to-date rosters of trained personnel with authority to perform essential functions.	11.8% (4)	8.8% (3)	8.8% (3)	67.6% (23)	2.9% (1)	100% (34)
Initiated sufficient mutual aid agreements with local agencies to help ensure that services can resume within 3 to 5 days of a major disaster.	32.4% (11)	23.5% (8)	5.9% (2)	35.3% (12)	2.9% (1)	100% (34)
<b>CHILDREN'S CENTERS</b>	<b>Not Started</b>	<b>Partially Complete</b>	<b>Almost Complete</b>	<b>Complete &amp; Up-to-Date</b>	<b>No Answer</b>	<b>TOTAL</b>
Established teams with disaster recovery missions, tasks, timetables.	39.7% (25)	27.0% (17)	4.8% (3)	22.2% (14)	6.3% (4)	100% (63)
Listed and prioritized essential agency functions, identifying staff and resource requirements for each function.	30.2% (19)	30.2% (19)	12.7% (8)	25.4% (16)	1.6% (1)	100% (63)
Established lines of succession for leadership positions and limitations on authority.	15.9% (10)	20.6% (13)	15.9% (10)	47.6% (30)	0	100% (63)
Have update-to-date rosters of trained personnel with authority to perform essential functions.	22.2% (14)	19.0% (12)	15.9% (10)	42.9% (27)	0	100% (63)
Initiated sufficient mutual aid agreements with local agencies to help ensure that services can resume within 3 to 5 days of a major disaster.	60.3% (38)	15.9% (10)	4.8% (3)	15.9% (10)	3.2% (2)	100% (63)

Table 14 indicates that, similar to previous results, the only HHS agencies that have not yet started to list and prioritize essential functions, identifying staff and resource requirements for each function, are those with their administrative offices in non-evacuation zones. Each of the six agencies in Zones A and B have completed or almost completed this task and all nine in Zones C, D and E have at least started the process.

Three of 16 children’s centers (18.8%) in Zones A and B have not yet begun the prioritization process, nor have another three of the nine (33.3%) in Zones C, D and E. Nine of the 16 (56.2%) centers in Zones A and B and two of the nine (22.2%) in Zones C, D and E have completed or nearly completed the process. Six of the 12 centers (50%) that have not started are in non-evacuation zones.

**TABLE 14: Cross-tabulations of Evacuation Zones by Prioritization of Essential Functions.**

<b>HHS AGENCIES (N=31)</b>	<b>Zone A</b>	<b>Zone B</b>	<b>Zone C</b>	<b>Zones D &amp; E</b>	<b>Non-Evacuation</b>	<b>TOTAL</b>
Not Started	0	0	0	0	100% (3)	100% (3)
Partially Complete	0	0	20.0% (2)	0	80.0% (8)	100% (10)
Almost Complete	0	25.0% (1)	50.0% (2)	25.0% (1)	0	100% (4)
Complete & Up-to-date	28.6% (4)	7.1% (1)	0	28.6% (4)	35.7% (5)	100% (14)
<b>CHILDREN’S CENTERS (N=50)</b>	<b>Zone A</b>	<b>Zone B</b>	<b>Zone C</b>	<b>Zones D &amp; E</b>	<b>Non-Evacuation</b>	<b>TOTAL</b>
Not Started	8.3% (1)	16.7% (2)	8.3% (1)	16.7% (2)	50.0% (6)	100% (12)
Partially Complete	5.6% (1)	16.7% (3)	5.6% (1)	16.7% (3)	55.6% (10)	100% (18)
Almost Complete	28.6% (2)	0	0	0	71.4% (5)	100% (7)
Complete & Up-to-date	38.5% (5)	15.4% (2)	0	15.4% (2)	30.8% (4)	100% (13)

**Review of Disaster Plans.** As seen in Table 15, about 60% of HHS agencies have completed or almost completed reviews of their plans. Twenty-one agencies (61.8%) report they have completed or almost completed reviews of their disaster plans and conducted exercises, and 20 (58.9%) say they have reviewed their Continuity of Operations Plan (COOP) in the past fiscal year.<sup>7</sup> While 29 of the 63 children’s centers (46%) have completed or nearly completed reviewing their disaster plan and conducting exercises, only 18 (28.6%) report they have completed or almost completed a review of their COOP in the past fiscal year.

**Interest in COOP Workshops.** As outlined in Table 16, most of the survey respondents expressed an interest in attending free COOP workshops: 20 of 34 HHS agencies (58.8%) and 41 of 63 children’s centers (65.1%). Table 17 indicates that, as one might expect, this interest is largely among those respondents whose agencies and children’s centers are least prepared. All of the respondents whose overall assessment was “Not At All Prepared” were interested in workshops (two agencies; nine centers). But there was also interest among those answering

<sup>7</sup> There was no item on either survey asking if a COOP or disaster plan was already in existence. Those HHS agencies or children’s centers without any plans would, of course, have nothing to review. Given that very few respondents did not answer these two questions, it appears that those without plans answered “Not Started.”

“Somewhat Prepared” (ten agencies; 25 centers) and among those answering “Very Prepared” (eight agencies; seven centers).

**TABLE 15: Review of Disaster Plans.**

<b>HHS AGENCIES</b>	<b>Not Started</b>	<b>Partially Complete</b>	<b>Almost Complete</b>	<b>Complete &amp; Up-to-Date</b>	<b>No Answer</b>	<b>TOTAL</b>
Has reviewed disaster plans and conducted exercises.	11.8% (4)	23.5% (8)	20.6% (7)	41.2% (14)	2.9% (1)	100% (34)
Has reviewed the Continuity of Operations Plan in past fiscal year.	17.6% (6)	20.6% (7)	11.8% (4)	47.1% (16)	2.9% (1)	100% (34)
<b>CHILDREN’S CENTERS</b>	<b>Not Started</b>	<b>Partially Complete</b>	<b>Almost Complete</b>	<b>Complete &amp; Up-to-Date</b>	<b>No Answer</b>	<b>TOTAL</b>
Has reviewed disaster plans and conducted exercises.	23.8% (15)	27.0% (17)	31.7% (20)	14.3% (9)	3.2% (2)	100% (63)
Has reviewed the Continuity of Operations Plan in past fiscal year.	52.4% (33)	14.3% (9)	17.5% (11)	11.1% (7)	4.8% (3)	100% (63)

**TABLE 16: Interest in Attending Free COOP Workshops.**

	<b>Not Interested</b>	<b>Interested</b>	<b>No Answer</b>	<b>TOTAL</b>
<b>HHS AGENCIES</b>	35.3% (12)	58.8% (20)	5.9% (2)	100% (34)
<b>CHILDREN’S CENTERS</b>	28.6% (18)	65.1% (41)	6.3% (4)	100% (63)

**TABLE 17: Cross-tabulations of Overall Assessment of Preparedness by Interest in Free COOP Workshop.**

<b>HHS AGENCIES (N=32)</b>	<b>Not Interested</b>	<b>Interested</b>	<b>TOTAL</b>
Not at all prepared	0	100% (2)	100% (2)
Somewhat prepared	37.5% (6)	62.5% (10)	100% (16)
Very prepared	42.9% (6)	57.1% (8)	100% (14)
<b>CHILDREN’S CENTERS (N=59)</b>			
Not at all prepared	0	100% (9)	100% (9)
Somewhat prepared	13.8% (4)	86.2% (25)	100% (29)
Very prepared	66.7% (14)	33.3% (7)	100% (21)

**Summary & Conclusions: Fair Weather or Storm Warnings?** Most of the 34 health and human service agencies that responded to this survey appear to be prepared for continuing operations soon after a major disaster or well on their way to being prepared. This is based on not only their own overall assessment of disaster preparedness (88.3% somewhat or very prepared), but also based on their responses to specific tasks related to continuity of operations and disaster planning.

The sky is not so sunny however for the children’s centers. Despite just 11 of the 63 (17.5%) assessing their overall preparedness as “Not At All Prepared,” many more than that, sometimes double or triple that number, report they have not yet begun basic COOP tasks. Table 18 makes this point clear by comparing the two types of respondents with regard to five tasks that are viewed as critical to a COOP: prioritize essential functions; review insurance coverage; develop a communications plan; protect vital records and databases; and conduct an inventory.<sup>8</sup> As the table shows, very few HHS agencies have not started these key tasks, while significant numbers of children’s centers lag behind.

One reason for the organizational differences in disaster readiness is due in part to the fact that some of the HHS agencies that responded to this survey are leaders in the local effort for hurricane preparedness: the Pinellas County Health Department, Pinellas County Extension, 2-1-1 Tampa Bay Cares, Inc., and the City of Clearwater. As leaders, they naturally have their own plans in place, complete and up-to-date. Other HHS respondents with complete and up-to-date plans are large agencies that serve some of the County’s most vulnerable clients, for instance, Directions for Mental Health, Suncoast Center for Community Mental Health, and Operation PAR. Their need for preparedness and planning is more urgent than children’s centers perceive their need to be.

<b>TABLE 18: Comparison of Respondents’ Preparedness on Critical COOP Tasks.</b>		
	<b>HHS Agencies (N=34)</b>	<b>Children’s Centers (N=63)</b>
Have not prioritized essential agency functions, identifying staff and resource requirements for each function.	11.8% (4)	30.2% (19)
Have not reviewed insurance, deductibles, and limits on coverage.	0	11.1% (7)
Have no internal communications plan.	5.9% (2)	17.5% (11)
Have not established and implemented backup procedures for vital documents.	2.9% (1)	28.6% (18)
Have not inventoried their equipment, facilities and grounds.	5.9% (2)	30.2% (19)

A few other “storm warnings” are noteworthy as well. As indicated in Table 19, there are four COOP tasks on which significant percentages of both types of respondents have yet to prepare:

<sup>8</sup> See “The Mini-COOP: 5 COOP Tasks You Absolutely Must Do,” pg. 9, *The SCOOP ON COOP: A Workbook for Human Services Continuity of Operations Planning & Disaster Recovery*, Disaster Recovery Leadership Network of Pinellas County, 2007, available at: [www.jwbpinellas.org](http://www.jwbpinellas.org) or [www.unitedwaytampabay.com](http://www.unitedwaytampabay.com).

budgets; policies and procedures on confidentiality; Grab & Go Kits; and mutual aid agreements. Approximately 20-40% of HHS agencies and 33-60% of children’s centers have not yet started on these tasks.

**TABLE 19: Comparison of Respondents’ Preparedness on Additional COOP Tasks.**

	<b>HHS Agencies (N=34)</b>	<b>Children’s Centers (N=63)</b>
Have not started estimating and budgeting for the costs of a disaster.	38.2% (13)	54.0% (34)
Have not developed policies and procedures regarding confidentiality in the event of an emergency relocation and reduced staff.	20.6% (7)	33.3% (21)
Have not prepared “Grab & Go Kits” of essential documents.	23.5% (8)	36.5% (23)
Have not initiated sufficient mutual aid agreements with local agencies to help ensure that services can resume within 3 to 5 days after a major disaster.	32.4% (11)	60.3% (38)

Some of the most important findings of this research were revealed in the cross-tabulations of task by evacuation zone. Again, when compared with the HHS agencies, the children’s centers lag behind. As indicated in Table 20, with the exception of five in Zones A, B and C that have not started budgeting for disaster-related expenses, all other HHS agencies in all the evacuation zones report being at least somewhat prepared on the selected tasks. The agencies most lax about preparedness are those whose administrative offices are in non-evacuation zones.

Of the children’s centers in Zones A, B and C, one-third to one-half have not budgeted for disaster-related expenses, identified a possible relocation site, prepared “Grab & Go Kits,” prioritized essential functions, and/or have no internal communications plan. While no center in Zones D or E assessed itself as “not at all prepared,” roughly 11-17% in those zones had not started four of the five tasks.

**Why Not Prepare?** Some consideration must be given as to why so many local children’s centers and human service agencies are not prepared. Given active hurricane seasons of recent years and several “near hits,” it seems hard to believe that any business or individual in Pinellas County is unaware of the need for preparedness and planning, but this is apparently the case. Evidence for this can be seen in the open-ended comments provided by two of the responding children’s centers: “Thank you for making us realize how unprepared we are!” and “I’m a new center and had no prior knowledge of this need.” It seems reasonable to assume that other children centers, HHS agencies, and even for-profit businesses in the community do not recognize (or do not *want* to recognize) the need for disaster preparedness and continuity of operations planning. Other likely reasons for not having a COOP are lack of time, money, personnel or other resources for its development.

**TABLE 20: Comparison of Respondents’ Lack of Preparedness on COOP Tasks by Evacuation Zones.**

<b>HHS AGENCIES</b>	<b>Evacuation Zones A, B, C</b>	<b>Evacuation Zones D &amp; E</b>	<b>Non-Evacuation Zone</b>	<b>TOTAL</b>
Overall assessment of preparedness is “not at all prepared.”	0	0	100% (1)	100% (1)
Have not started estimating and budgeting for the costs of a disaster.	45.5% (5)	0	54.5% (6)	100% (11)
Have not identified a possible relocation site.	0	0	100% (7)	100% (7)
Have no internal communications plan.	0	0	100% (1)	100% (1)
Have not prepared “Grab & Go Kits” of essential documents.	0	0	100% (7)	100% (7)
Have not prioritized essential agency functions, identifying staff and resource requirements for each function.	0	0	100% (3)	100% (3)
<b>CHILDREN’S CENTERS</b>	<b>Evacuation Zones A, B, C</b>	<b>Evacuation Zones D &amp; E</b>	<b>Non-Evacuation Zone</b>	<b>TOTAL</b>
Overall assessment of preparedness is “not at all prepared.”	42.9% (3)	0	57.1% (4)	100% (7)
Have not started estimating and budgeting for the costs of a disaster.	38.5% (10)	11.5% (3)	50.0% (13)	100% (26)
Have not identified a possible relocation site.	47.4% (9)	15.8% (3)	36.8% (7)	100% (19)
Have no internal communications plan.	42.9% (3)	0	57.1% (4)	100% (7)
Have not prepared “Grab & Go Kits” of essential documents.	37.5% (6)	12.5% (2)	50.0% (8)	100% (16)
Have not prioritized essential functions, identifying staff and resource requirements for each function.	33.3% (4)	16.7% (2)	50.0% (6)	100% (12)

**Limitations of the Research.** Caution should be taken in interpreting and generalizing the results of this research for a number of reasons. First, the response rates are low, extremely so for the children’s centers (15% vs. 51.5% for HHS agencies). Related to this issue is the fact that only a select few HHS agencies (66) were invited to participate in this project. Many hundreds of local HHS agencies and a few hundred children’s centers are not represented here.

Second, the “Master Task List” from which these survey items were taken was not designed as survey. Consequently, the wording of some items might have made it difficult for respondents to provide a truly accurate answer. Frequently for example, a single survey item encompasses multiple tasks such as “Listed and prioritized essential functions, identifying staff and resource requirements for each function.” A response of “Partially Complete” could mean the responding

agency has only listed essential functions and not yet gotten around to the included tasks of prioritizing, identifying required staff, or identifying required resources. Or “Partially Complete” could mean they completed all those tasks but for only a few essential functions. Because of this issue, it is difficult to ascertain precisely the degree to which many COOP “sub-tasks” have been started, if indeed they have been started at all.

Third, and somewhat related to the wording problem above, is that “Not Applicable” was not provided as a response category. This is an option that respondents may well have selected for many questions. For example, it would likely not be necessary or even logical to “Establish teams with disaster recovery missions, tasks, and timetables” for a children’s center with staff of three and one objective (to care for children). As noted earlier, the lack of “Not Applicable” seems to have muddied the interpretation of review of disaster plans.

**Outcomes.** Before any analyses from these surveys even took place, this project resulted in two outcomes. First, *Emergency Regulations for Centers* and *Emergency Regulations for Family Child Care Homes* were posted on the website for the Pinellas County License Board ([www.pclb.org](http://www.pclb.org)). This occurred as a result of requests from children’s centers (both responding to this survey and attending COOP workshops) on the License Board’s policy in emergencies which were passed on to its Executive Director.

Second, more children’s centers are aware of the need for COOP planning and disaster preparedness and are presumably (hopefully) taking action. A flyer announcing the dates of upcoming COOP workshops was included with the surveys to centers, and the first workshop conducted after the mail-out consisted entirely of staff and management of children’s centers.

**Recommendation: Continue to Offer COOP Workshops.** As this research has made very clear, children’s centers are a service sector in need of disaster planning and preparedness. Those agencies that have attended the DRLN’s earlier workshops have found them and the materials provided at them to be helpful (see comments in *Appendix I*.) Some consideration should be given to how best to get more children’s centers in attendance. With the start of school in August (a time of change, turnover, and turmoil for staff and management of children’s centers), it might be best to offer COOP workshops after mid-September.

**Recommendation: Offer a “Partnering for Disaster Preparedness” Workshop.** One of the most interesting findings of this research was the high percentage of respondents that had no disaster-related mutual aid agreements in place (32.4% of HHS agencies; 60.3% of children’s centers). The biggest hurdles in creating these agreements are the time and effort involved in identifying, contacting, and exploring possibilities with potential partners. A “Partnering for Disaster Preparedness” workshop would allow all of this to unfold quickly, efficiently, and in a focused, face-to-face manner. Having previously attended a COOP workshop or already having a COOP plan would not have to be a pre-requisite but it could be. Organizations that have been through the COOP process would have a better idea of not only their own needs but also what they have to offer others. Such a workshop would by definition be interactive, with small groups of participants working through disaster-related scenarios and exercises.

**Recommendation: Ascertain Why No COOP?** If after additional workshops and/or many announcements promoting *The SCOOP ON COOP Workbook*, it appears that many local

agencies still have not developed or updated their COOPs, an attempt should be made to ascertain why that is the case. Once reasons for not having a COOP are determined, the DRLN can discuss ways to remedy the situation. It is therefore recommended that, in late summer or early fall 2007, the DRLN explore the issue of “non-compliance” and what is needed to ensure all Pinellas County human service agencies have thorough and detailed plans for continuity of operations after a disaster. The exploration of this could occur through brainstorming and discussion, informal interviews, or a brief survey of a sample of local agencies.

The objective of this project has been to ascertain the extent of agency readiness with regard to continuity of operations planning and disaster preparedness. While there are serious limitations to this research, it is clear that much work remains to be done. Through continued planning and foresight, as well as establishing policy and procedures, the Disaster Recovery Leadership Network can ensure that Pinellas County’s health and human service organizations are able to continue providing essential functions and priority services at the earliest opportunity and in a coordinated, efficient manner after a major disaster.

## **APPENDIX 1: ADDITIONAL FEEDBACK FROM SURVEY RESPONDENTS**

### **FROM ONLINE SURVEY OF AGENCIES**

- It is our goal as an Agency to be self sufficient for up to 7 days following a community wide disaster such as a hurricane. Since we have over 300 residential clients this is no easy task. Fortunately we have the hardened buildings and resources to accomplish this task.
- We are a governmental agency and work directly with the County Emergency Management Team.
- Most helpful workshop yet - good ideas with a realistic approach. I have not located the worksheets on the website in any format except PDF. A Word or Excel version would be helpful.
- Workshop at STAR Center with handouts was helpful.
- Due to the geographic spread of facilities and the variety of services provided , it was necessary to leave some answers blank as there was no way to respond accurately.
- Funding needs to be made available for agencies to pay for recurring disaster preparedness equipment, etc. Most funders like "one-time" only expenses and most disaster preparation activities concerning data, back up data, etc. are recurring.
- We have attended the trainings and are in the process of updating/improving the plan.

### **FROM SURVEY OF CHILDREN'S CENTERS**

- Our families are aware if Pin. Co. school closes – so do we! We have inf. cards w/all people contact info at desk to be taken w/us in any emer. inc. fires.
- We're a small child care center in a church facility. The church does have much of the above completed & would be the ones to take care of the bldg. We'd be responsible for school records.
- Thank you.
- Our organization is licensed through the Pinellas County License Board. The PCLB has strict regulations for daycare facilities. It is my understanding that some of the regulations might be relaxed in an emergency situation. It would be helpful to have a copy of this policy as we develop our emergency plan.
- Specific recommendations for child care centers would be helpful.
- We are a preschool. Children & staff would not be on premise during or after a major hurricane. Church has its own emergency preparedness plan.
- We have started a Disaster Program with K-PREP School Training Curriculum with someone from 911 Pinellas County.
- Our building is an emergency shelter for hurricane relief.
- Thank you for making us realize how unprepared we are!
- I'm a new center and had no prior knowledge of this need.
- We are a part-time pre-school. In the event of a natural or otherwise disaster, we would close our doors. We follow all the same guidelines as Pinellas County Schools as far as closings go. If our faculty were to be destroyed we would have to close down.
- I just started as Director of the center. I had training a few years ago at another school and need to attend another class – very good information to think about.
- We have an 8-page Hurricane/Disaster Preparedness & Response document. City Policy; Disaster Training; FEMA Training; Red Cross Training; and an ECO Operation Plan.
- We have emergency procedures in place for fire, flood, tornado, evacuation and security alerts (lockdowns). We do not have procedures for a Katrina-like event.