

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>9-12-90</i>
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<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER <i>101125</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-24-10</i>	<input type="checkbox"/> FOIA DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<input type="checkbox"/> Necessary Action		
<i>Response team attached Closed 9/24/10</i>			

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

The State of South Carolina  
Military Department



**RECEIVED**

SEP 20 2010  
Department of Health & Human Services  
OFFICE OF THE DIRECTOR

OFFICE OF THE ADJUTANT GENERAL

STANHOPE S. SPEARS  
MAJOR GENERAL  
THE ADJUTANT GENERAL

September 15, 2010

Ms. Emma Forkner Director  
Department of Health & Human Services  
1801 Main Street  
Columbia, SC 29201

Dear Ms. Forkner:

It is time to update the State Emergency Operations Center (SEOC) personnel file of State Emergency Response Team (SERT) members. Initial response organizations should identify four personnel per position to provide coverage for three shifts and an alternate. Secondary response agencies should identify two personnel per position. See the attached form(s) for your identified personnel. The form(s) contains the name, title, address, telephone number and email of the employees from your agency who are assigned as SERT representatives to the SEOC.

If your agency provides personnel for the State Assessment Team (SAT) or the Preliminary Damage Assessment (PDA) Team, the attached form(s) contains this information also. Personnel should not be placed on both teams.

Please check these listings for accuracy and make any corrections or changes in personnel as necessary. We will request identified personnel to attend periodic training sessions and participate in exercises to prepare for actual events. They will be issued a permanent SERT badge to facilitate entry into the SEOC.

Please confirm correctness or update the form(s) and return by September 28, 2010 to: South Carolina Emergency Management Division, Office of the Adjutant General; Attn: Harriett Rhoten; 2779 Fish Hatchery Road; West Columbia, SC 29172 or fax to: 803-737-8570

If you have any questions, please contact me at 737-8582. Thank you in advance for your help in keeping this important alert list current.

Sincerely,

A handwritten signature in black ink that reads "Tim Murphy".

Tim Murphy  
Operations Manager

TM:hr  
Enclosure  
cf: SERT Primary

Emergency Management Division

2779 Fish Hatchery Road  
West Columbia, South Carolina 29172  
(803) 737-8500 • Fax: (803) 737-8570

**STATE EMERGENCY RESPONSE TEAM (SERT) MEMBERS:**

EMERGENCY SUPPORT FUNCTION (ESF):

ESF # 6 - MASS CARE

FUNCTIONS:

Coordinate basic human needs (shelter, food, clothing, inquiry and emergency services) in disaster situations.

ORGANIZATIONS:

Dept. of Social Services (Primary)  
American Red Cross  
Salvation Army  
Dept. of Health & Human Services

REQUIREMENTS: Health & Human Services

Four: One person per shift plus alternate.

<u>Name:</u> (Primary point of contact) Howard (Reggie) Delaine  <u>Address:</u> Health & Human Services 1801 Main St, 6 <sup>th</sup> Floor, Columbia, SC 29202-8206  <u>Work Telephone:</u> 898-2652  <u>Home Telephone:</u> 788-0199  <u>Cell:</u> 622-2591  <u>Fax:</u> 255-8212  e-mail:	<u>Name:</u> (Alternate point of contact) Russell Orris  <u>Address:</u> Health & Human Services 1801 Main St, 6 <sup>th</sup> Floor, Columbia, SC 29202-8206  <u>Work Telephone:</u> 898-1011  <u>Home Telephone:</u> 754-5080  <u>Cell:</u> 238-6388  <u>Fax:</u>  e-mail:
<p style="text-align: center;"><b>TEAM ONE</b></p> <u>Name:</u> (4 pm to midnight shift) Denise Epps  <u>Address:</u> Health & Human Services 1801 Main St, Columbia, SC 29202-8206  <u>Work Telephone:</u> 898-2505  <u>Home Telephone:</u> 315-2131  <u>Pager:</u>  <u>Cell:</u>  <u>Fax:</u>	<p style="text-align: center;"><b>TEAM ONE</b></p> <u>Name:</u> Richard Kluender  <u>Address:</u> Health & Human Services 1801 Main St, Columbia, SC 29202-8206  <u>Work Telephone:</u> 898-2693  <u>Home Telephone:</u> 865-7117  <u>Cell:</u>  <u>Fax:</u>  E-mail: kluender@dhs.state.sc.us

If you believe you will require additional help to support your mission, please provide the info requested above for each.

(Signature of Authorizing Official)

**PLEASE RETURN BY September 28<sup>th</sup>**

**to SCEMMD, Attn: Harriett**

2779 Fish Hatchery Road, West Columbia, SC 29172

Or Fax to (803) 737-8570

**STATE EMERGENCY RESPONSE TEAM (SERT) MEMBERS:**

EMERGENCY SUPPORT FUNCTION (ESF):

ESF # 6 - MASS CARE

FUNCTIONS: Coordinate basic human needs (shelter, food, clothing, inquiry and emergency services) in disaster situations.

ORGANIZATIONS:

Dept. of Social Services (Primary)  
American Red Cross  
Salvation Army  
Dept. of Health & Human Services (Senior Services)

REQUIREMENTS: Health & Human Services (continued)

Four: One person per shift plus alternate.

TEAM ONE		TEAM TWO	
<u>Name:</u> Bobby George (midnight to 8 am shift)	<u>Name:</u> vacant (midnight to 8 am shift)	<u>Name:</u> Carrie Jackson (4 pm to midnight shift)	<u>Name:</u> (Alternate Point of Contact) Wanda Boulware (8 am to 4 midnight shift)
<u>Address:</u> Department of Health & Human Services P. O. Box 8206, Columbia, SC 29202-8206	<u>Address:</u> Department of Health & Human Services 1801 Main Street, 6 <sup>th</sup> Floor, Columbia, SC 29202-8206	<u>Address:</u> Department of Health & Human Services P. O. Box 8206, Columbia, SC 29202-8206	<u>Address:</u> Department of Health & Human Services P. O. Box 8206, Columbia, SC 29202-8206
<u>Work Telephone:</u> 898-2594	<u>Work Telephone:</u> 898-2538	<u>Work Telephone:</u> 898-2635	<u>Work Telephone:</u> 898-2610
<u>Home Telephone:</u> 996-6718	<u>Home Telephone:</u> 736-4783	<u>Home Telephone:</u> 786-0563	<u>Home Telephone:</u> 772-7914
<u>Cell:</u> 920-5683	<u>Cell:</u> 727-2581	<u>Cell:</u> 447-7900	<u>Cell:</u> 719-2002
<u>Fax:</u>	<u>Fax:</u>	<u>Fax:</u>	<u>Fax:</u>

If you believe you will require additional help to support your mission, please provide the info requested above for each.

\_\_\_\_\_  
(Signature of Authorizing Official)

**PLEASE RETURN BY September 28<sup>th</sup> to SCEMMD, Attn: Harriett**

2779 Fish Hatchery Road, West Columbia, SC 29172

Or Fax to (803) 737-8570

Howard (Reggie) Weirnie

Address:

Health & Human Services  
1801 Main St, 6<sup>th</sup> Floor, Columbia, SC 29202-8206

Work Telephone: 898-2662

Home Telephone: 788-0199

Cell: 622-2691

Fax: 255-8212

e-mail:

Richard Kluender

Address:

Health & Human Services  
1801 Main St, 6<sup>th</sup> Floor, Columbia, SC 29202-8206

Work Telephone: 898-1011

Home Telephone: 754-5080

Cell: 238-6388

Fax:

e-mail:

**TEAM ONE**

Name: (4 pm to midnight shift)

Denise Epps

Address:

Health & Human Services  
1801 Main St, Columbia, SC 29202-8206

Work Telephone: 898-2505

Home Telephone: 315-2131

Pager:

Cell:

Fax:

**TEAM ONE**

(8 am - 4 pm shift)

Name:

Richard Kluender

Address:

Health & Human Services  
1801 Main St, Columbia, SC 29202-8206

Work Telephone: 898-2693

Home Telephone: 865-7117

Cell:

Fax:

E-mail: [kluender@dhhs.state.sc.us](mailto:kluender@dhhs.state.sc.us)

If you believe you will require additional help to support your mission, please provide the info requested above for each.

*H.M. Dz*

(Signature of Authorizing Official)

**PLEASE RETURN BY September 28<sup>th</sup> to SCEMD, Attn: Harriet**  
2779 Fish Hatchery Road, West Columbia, SC 29172 Or Fax to (803) 737-8570

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TEL : —

*Log 9/13/10  
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TRANSMISSION VERIFICATION REPORT