

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>9-3-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER <i>100127</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Clean 8/20/08 Packed reopen attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-10-08</i> DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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

The State of South Carolina
Military Department



RECEIVED

SEP 02 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

OFFICE OF THE ADJUTANT GENERAL

STANHOPE S. SPEARS
MAJOR GENERAL
THE ADJUTANT GENERAL

August 28, 2008

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 11, 2008 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
Manager, Response Operations

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.

		TEAM ONE	
Name: (Primary point of contact) Howard (Reggie) Delaine		Name: (Alternate point of contact) David Cannon	
Address: Health & Human Services 1801 Main St, 6 th Floor, Columbia, SC 29202-8206		Address: Health & Human Services 1801 Main St, 6 th Floor, Columbia, SC 29202-8206	
Work Telephone: 898-2652		Work Telephone: 898-2651	
Home Telephone: 788-0199		Home Telephone: 754-5080	
Cell: 622-2591		Cell: 622-3498	
Fax: 255-8212		Fax: 255-8212	
e-mail:		e-mail:	
Name: (4 pm to midnight shift) Denise Epps		Name: Richard Kluender	
Address: Health & Human Services 1801 Main St, Columbia, SC 29202-8206		Address: Health & Human Services 1801 Main St, Columbia, SC 29202-8206	
Work Telephone: 898-2505		Work Telephone: 898-2693	
Home Telephone: 315-2131		Home Telephone: 865-7117	
Pager:		Cell:	
Cell:		Fax:	
Fax:		E-mail: 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.

(Signature of Authorizing Official)

PLEASE RETURN BY September 11, 2008 to SCEMMD, Attn: Harriett

0770 Fifth Interstate Road West Columbia SC 29172

Or Fax to (803) 737-8570

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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	
Name: Bobby George (midnight to 8 am shift)	Name: Alicia Jacobs (midnight to 8 am shift)	Name: Carrie Jackson (4 pm to midnight shift)	Name: Carrie Jackson (4 pm to midnight shift)
Address: Department of Health & Human Services P. O. Box 8206, Columbia, SC 29202-8206	Address: Department of Health & Human Services 1801 Main Street, 6 th Floor, Columbia, SC 29202-8206	Address: Department of Health & Human Services P. O. Box 8206, Columbia, SC 29202-8206	Address: Department of Health & Human Services P. O. Box 8206, Columbia, SC 29202-8206
Work Telephone: 898-2594	Work Telephone: 898-2538	Work Telephone: 898-2635	Work Telephone: 898-2610
Home Telephone: 996-6718	Home Telephone: 736-4783	Home Telephone: 786-0563	Home Telephone: 772-7914
Cell: 920-5683	Cell: 727-2581	Cell: 447-7900	Cell: 920-0218
Fax:	Fax:	Fax:	Fax:

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TRANSMISSION VERIFICATION REPORT

TIME : 09/03/2008 13:20
 NAME : ADMIN
 FAX : 8032551212
 TEL :

DATE, TIME
 FAX NO. /NAME
 DURATION
 PAGE(S)
 RESULT
 MODE

09/03 13:19
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(6-d) (continued)

DATE: August 28, 2008

STATE EMERGENCY RESPONSE TEAM (SERT) MEMBERS:

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

DATE: August 28, 2008

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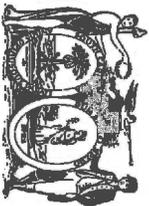
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