

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

**ACTION REFERRAL**

TO	DATE
Hess	5-5-11

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOC NUMBER  101490	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>Clean &amp; 5/3/11, No paper attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>5-18-11</u>
	<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.			
3.			
4.			

The State of South Carolina  
Military Department

**RECEIVED**

MAY 05 2011



Department of Health & Human Services  
OFFICE OF THE DIRECTOR

OFFICE OF THE ADJUTANT GENERAL

ROBERT E. LIVINGSTON, JR.,  
MAJOR GENERAL  
THE ADJUTANT GENERAL

May 3, 2011

Mr. Anthony E. Keck, Director  
Department of Health & Human Services  
1801 Main Street  
Columbia, SC 29201

Dear Mr. Keck:

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 May 20, 2011 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 Tim Murphy at 737-8582. Thank you in advance for your help in keeping this important alert list current.

Sincerely,

A handwritten signature in black ink, appearing to read "K Stenson".

Kim Stenson  
Chief of Staff

KS:hr  
Enclosure  
cf. SERT Primary

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



DATE: May 3, 2011

**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	
<b>Name:</b> Bobby George (midnight to 8 am shift)	<b>Name:</b> vacant (midnight to 8 am shift)		
<b>Address:</b> Department of Health & Human Services P.O. Box 8206, Columbia, SC 29202-8206	<b>Address:</b> Department of Health & Human Services 1801 Main Street, 6 <sup>th</sup> Floor, Columbia, SC 29202-8206		
<b>Work Telephone:</b> 898-2594	<b>Work Telephone:</b>		
<b>Home Telephone:</b> 996-6718	<b>Home Telephone:</b>		
<b>Cell:</b> 920-5683	<b>Cell:</b>		
<b>Fax:</b>	<b>Fax:</b>		
TEAM TWO		TEAM TWO	
<b>Name: (Alternate Point of Contact)</b> Wanda Boulware (8 am to 4 midnight shift)	<b>Name:</b>		
<b>Address:</b> Department of Health & Human Services P.O. Box 8206, Columbia, SC 29202-8206	<b>Address:</b>		
<b>Work Telephone:</b> 898-2610	<b>Work Telephone:</b>		
<b>Home Telephone:</b> 772-7914	<b>Home Telephone:</b>		
<b>Cell:</b> 719-2002	<b>Cell:</b>		
<b>Fax:</b>	<b>Fax:</b>		

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 May 20<sup>th</sup> to SCEMD, Attn: Harriett

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DATE: May 3, 2011

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## 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>TEAM ONE</u>		<u>TEAM ONE</u>	
<u>Name:</u> (Primary point of contact) Howard (Reggie) Delaine	<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>Address:</u> Health & Human Services 1801 Main St, 6 <sup>th</sup> Floor, Columbia, SC 29202-8206		
<u>Work Telephone:</u> 898-2652	<u>Work Telephone:</u> 898-1011		
<u>Home Telephone:</u> 788-0199	<u>Home Telephone:</u> 754-5080		
<u>Cell:</u> 622-2591	<u>Cell:</u> 238-6388		
<u>Fax:</u> 255-8212	<u>Fax:</u>		
<u>e-mail:</u>	<u>e-mail:</u>		
<u>Name:</u> (4 pm to midnight shift) Denise Epps	<u>Name:</u> Richard Kluender	(8 am - 4 pm shift)	
<u>Address:</u> Health & Human Services 1801 Main St, Columbia, SC 29202-8206	<u>Address:</u> Health & Human Services 1801 Main St, Columbia, SC 29202-8206		
<u>Work Telephone:</u> 898-2505	<u>Work Telephone:</u> 898-2693		
<u>Home Telephone:</u> 315-2131	<u>Home Telephone:</u> 865-7117		
<u>Pager:</u>	<u>Cell:</u>		
<u>Cell:</u>	<u>Fax:</u>		
<u>Fax:</u>	<u>E-mail:</u> kluender@dhhs.state.sc.us		

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(Signature of Authorizing Official)

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**STATE EMERGENCY RESPONSE TEAM (SERT) MEMBERS:****EMERGENCY SUPPORT FUNCTION (ESF):**

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<b><u>Name: (Alternate Point of Contact)</u></b> Wanda Boulware (8 am to 4 midnight shift)	<b><u>Name:</u></b>		
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<b><u>Cell:</u></b>		<b><u>Fax:</u></b>	
<b><u>Fax:</u></b>		<b><u>E-mail:</u></b> klunder@dhs.state.sc.us	

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