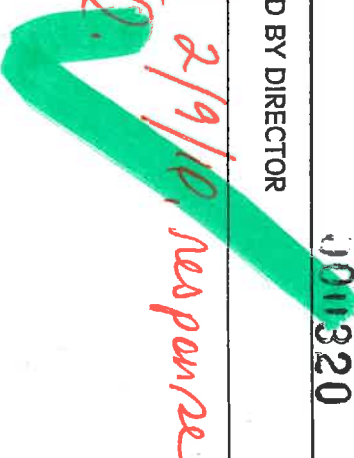


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>1-28-10</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000320</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Claude 2/9/10, response attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-9-10</i> <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

JAN 28 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

OFFICE OF THE ADJUTANT GENERAL

STANHOPE S. SPEARS
MAJOR GENERAL
THE ADJUTANT GENERAL

January 26, 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 February 10, 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>Name:</u> (Alternate point of contact) <i>David Cannon</i> <i>Remove</i>
<u>Address:</u>	<u>Address:</u>
Health & Human Services 1801 Main St, 6 th Floor, Columbia, SC 29202-8206	Health & Human Services 1801 Main St, 6 th Floor, Columbia, SC 29202-8206
<u>Work Telephone:</u> 898-2652	<u>Work Telephone:</u> 898-2651
<u>Home Telephone:</u> 788-0199	<u>Home Telephone:</u> 754-5080
<u>Cell:</u> 622-2591	<u>Cell:</u> 622-3498
<u>Fax:</u> 255-8212	<u>Fax:</u> 255-8212
e-mail:	e-mail:
TEAM ONE	TEAM ONE
<u>Name:</u> (4 pm to midnight shift) Denise Epps	<u>Name:</u> Richard Kluender (8 am – 4 pm shift)
<u>Address:</u>	<u>Address:</u>
Health & Human Services 1801 Main St, Columbia, SC 29202-8206	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>	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 *February 10th* to SCEMD, 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> Alicia Jacobs (midnight to 8 am shift) <i>Remove</i>		
<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 th Floor, Columbia, SC 29202-8206		
<u>Work Telephone:</u> 898-2594	<u>Work Telephone:</u> 898-2538		
<u>Home Telephone:</u> 996-6718	<u>Home Telephone:</u> 736-4783		
<u>Cell:</u> 920-5683	<u>Cell:</u> 727-2581		
<u>Fax:</u>	<u>Fax:</u>		
TEAM TWO		TEAM TWO	
<u>Name: (Alternate Point of Contact)</u> Wanda Boulware (8 am to 4 midnight shift)	<u>Name:</u> Carrie Jackson (4 pm to 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 P.O. Box 8206, Columbia, SC 29202-8206		
<u>Work Telephone:</u> 898-2610	<u>Work Telephone:</u> 898-2635		
<u>Home Telephone:</u> 772-7914	<u>Home Telephone:</u> 786-0563		
<u>Cell:</u> 719-2002	<u>Cell:</u> 447-7900		
<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 February 10th to SCEMD, Attn: Harriett
 2779 Fish Hatchery Road, West Columbia, SC 29172 Or Fax to (803) 737-8570

(6-d)

DATE: January 26, 2010

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 th 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) David Cannon <i>Remove</i> <u>Address:</u> Health & Human Services 1801 Main St, 6 th Floor, Columbia, SC 29202-8206 <u>Work Telephone:</u> 898-2651 <u>Home Telephone:</u> 754-5080 <u>Cell:</u> 622-3498 <u>Fax:</u> 255-8212 e-mail:
<u>TEAM ONE</u> <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>	<u>TEAM ONE</u> <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@dhhs.state.sc.us

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(Signature of Authorizing Official)

PLEASE RETURN BY February 10th to SCEMD, 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
Name: Bobby George (midnight to 8 am shift) Address: Department of Health & Human Services P.O. Box 8206, Columbia, SC 29202-8206 <u>Work Telephone:</u> 898-2594 <u>Home Telephone:</u> 996-6718 <u>Cell:</u> 920-5683 <u>Fax:</u>	Name: Alicia Jacobs (midnight to 8 am shift) <i>Remove</i> Address: Department of Health & Human Services 1801 Main Street, 6 th Floor, Columbia, SC 29202-8206 <u>Work Telephone:</u> 898-2538 <u>Home Telephone:</u> 736-4783 <u>Cell:</u> 727-2581 <u>Fax:</u>
TEAM TWO	TEAM TWO
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 <u>Work Telephone:</u> 898-2610 <u>Home Telephone:</u> 772-7914 <u>Cell:</u> 719-2002 <u>Fax:</u>	Name: Carrie Jackson (4 pm to midnight shift) Address: Department of Health & Human Services P.O. Box 8206, Columbia, SC 29202-8206 <u>Work Telephone:</u> 898-2635 <u>Home Telephone:</u> 786-0563 <u>Cell:</u> 447-7900 <u>Fax:</u>

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